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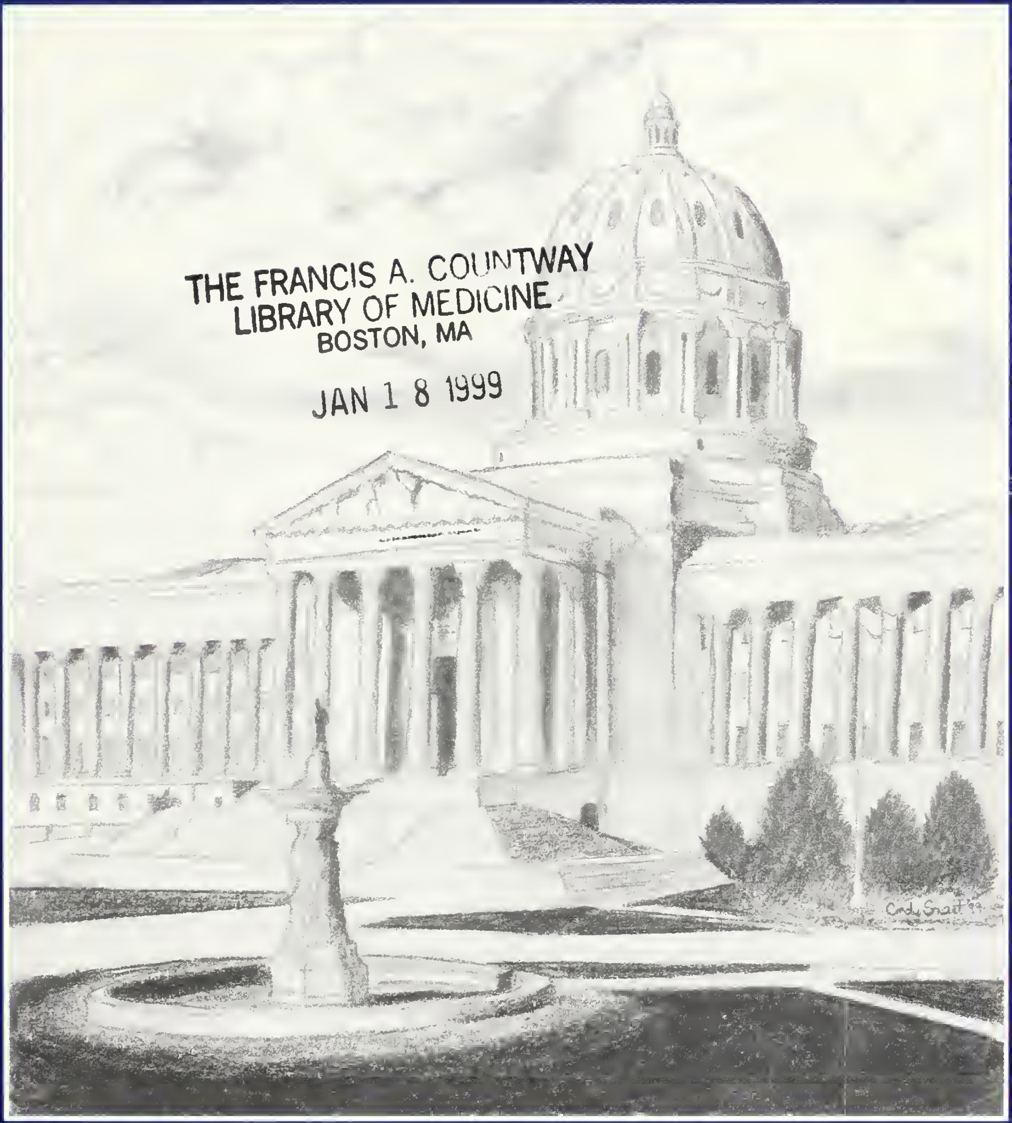
Missouri Medicine

Journal of the Missouri State Medical Association January 2000



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- ▶ Physicians and Politics in Jefferson City
- ▶ Future of American Medicine - Is There a Light at the End of the Tunnel
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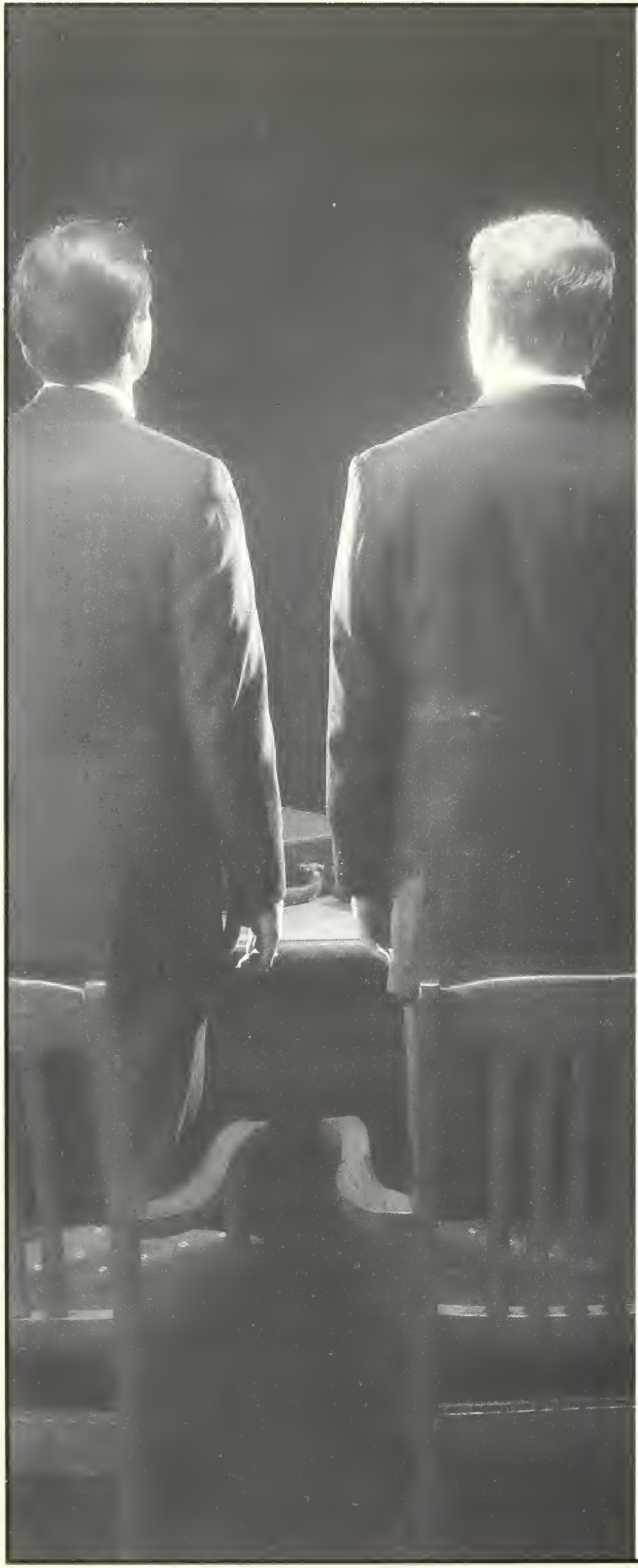

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On the Cover: Cindy Smart is a senior at South Callaway High School in Mokane, Missouri. Next fall she will begin work on an art degree from the University of Missouri-Columbia.

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A Good Doctor for the Millennium

J. Regan Thomas, MD

I suspect many of you would agree with me in that I would be content not to hear the word "millennium" for a long time. It certainly must be the most over used term of the past few years (if not the millennium!). So I am going to use this January, 2000 issue to both welcome the "new millennium" and to bid farewell to the use of term after this editorial.

Looking forward, most of us have a wish list that includes the more global concerns about ongoing prosperity, peaceful interaction on an international basis or perhaps enhanced success of the public health both in our nation as well as on the world front. For our own families, certainly health and prosperity for our loved ones continue to be an understandable goal. For our own children we typically also hope for academic and professional success coupled with ultimately supportive relationships and personal happiness as they grow up and lead their own adult lives. How about goals and desires for ourselves as we make plans for this highlighted new year? Surely some of the desires expressed already that we would hope for others also would be included on our own index of millennium aspirations. As physicians, another will likely be near the top of the inventory. We would like to be thought of as a good doctor.

We have a well defined image of what we as professionals want to see in our medical colleagues. As we attempt to be good doctors ourselves, that is usually the vision that sets our own personal standard. Interestingly, that which may be defined as a "good doctor" by the public may be judged by a different scale than we use to evaluate ourselves or fellow physicians. Last year the Association of American Medical Colleges (AAMC) commissioned a public opinion group to research the question on how the public decides on a physician. How they selected who they thought would be a good doctor might surprise you.

At the top of the list, and not too startling, were the categories including "recommendation of friends and family" at 87% of those surveyed listing as most important; and "communicates well and has a caring attitude" at the 85% mark. At the bottom of the list, with only 27% of the survey feeling it was an important way to choose a good doctor, was "attending a well-known school or training program." An interesting irony for me in that when hearing about a new physician (or sometimes being asked my opinion of a doctor a family member is considering) I frequently find myself inquiring "where did he or she train?"

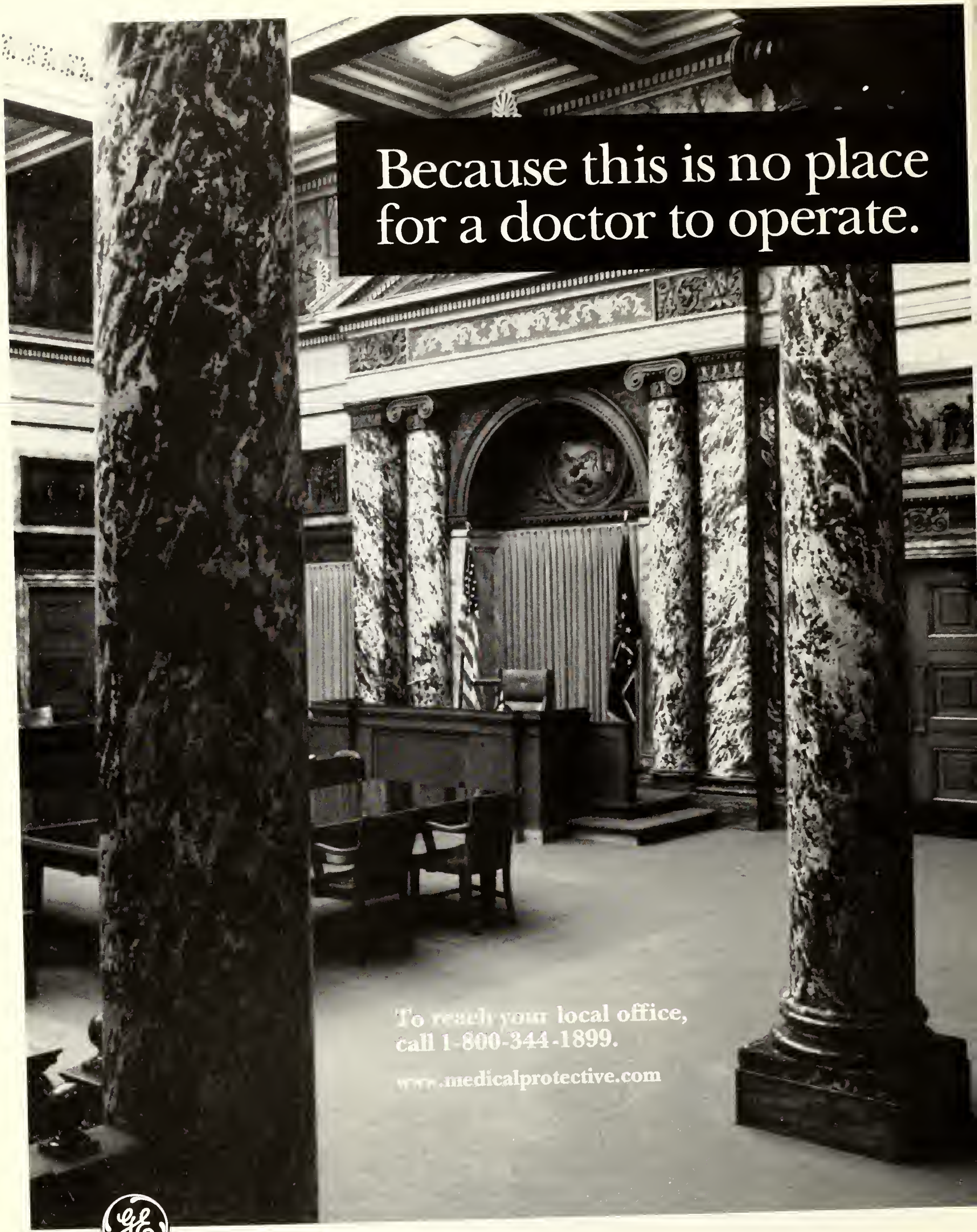
The next highest two criteria on the list were "ability to explain complicated medical procedures" and "good listening skills" at 77% and 76% respectively. Those two seem logically to go hand in hand and I suspect listening to the patient and getting feed back as to their understanding of their illness or treatment is a big part of what ultimately is perceived as adequately explaining complex medical issues.

With all the media coverage about alternative medicine and alternative therapies, I was surprised to find that "being open-minded" about those issues was part of selecting a good doctor for only 29% of those surveyed. It makes for an interesting news story and perhaps the numbers will eventually change, but right now those areas are not on most patients mental list when it comes to having a "good doctor."

Even experience or "years in practice" was only on the list at the 32% level. Again, a benchmark which likely holds more importance to us as physicians than it apparently does for the patient population.

It is important to remember here that we are discussing what patients value in their opinion as to whether their doctor is a "good doctor." It is not necessarily how they actually selected their doctor. Certainly because of their health care plans or managed care situation, they may be accepting a physician who does not measure up to those criteria. But even in today's environment, when surveyed for how they looked for a doctor, only 50% of the group questioned listed "accepting certain health insurance" as the key factor (and well below the 85% level for "caring attitude").

As we enter this new millennium of medical practice with its regulatory and managed oversight, its evolving technology and expanding science, there is still an old fashioned fundamental that needs to be preserved. The ability to communicate effectively while expressing genuine compassion and concern is still at the top of the list for patients. "People skills" will lead the way for the millennium good doctor. MoMed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Physicians and Politics in Jefferson City

William Dorzab, MD

Much of this issue of Missouri Medicine is dedicated to things political, especially as they relate to legislative affairs in Jefferson City. By the time this reaches your desk, the 2000 General Assembly will have opened its doors for business. As you will see in the legislative preview article that appears on page 25, this year is similar to others of recent memory in that much is at stake for medicine.

Physicians sometimes view the legislative process as something peculiar to Jefferson City, a process involving sophisticated lobbying activities between high-stakes participants. They view it as something over which they have no control, a place where back-room deals decide the outcome and the "little guy" is doomed to failure. Nothing could be farther from the truth.

The political process is governed by a single basic truth: All politics is local. Within the context of that truth, and with surprisingly little effort, physicians can, and commonly do, make significant contributions to the decision-making process.

Contrary to the beliefs of some, our senators and representatives are not corrupt scoundrels who abuse power and office for their personal gain. They are normal, honorable, everyday citizens, spanning the full range of vocations and professions - farmers, grocers, teachers and even the occasional physician or physician spouse - who have accepted the challenge and try desperately to make sound decisions and cast the right votes for the benefit of the citizenry. In deciding what is sound and right, legislators pay close attention to what people are thinking and saying to each other across the state, but especially in their home districts.

While lawmakers are experienced and intelligent people, they cannot be expected, nor do they claim to personally possess all the information or perspective they would need to make all the tough decisions required during any legislative session. To understand issues and how they impact their constituents, lawmakers must rely on the opinions and perspectives of people they trust.

This is where physicians routinely make a difference. When it comes to health care issues, no one enjoys more credibility than physicians. Since a physician in a legislator's district interacts with patients and other players in that same community, you are uniquely positioned to help your legislator stay "local" on health care issues. Elected officials are keenly aware of this, and most will pay very close attention to what you say.

It really doesn't take much effort. A simple letter or e-mail outlining your personal concerns about an issue, especially as it relates to your patients, can have a tremendous impact. A telephone call is equally effective. It's a small investment that will pay tremendous dividends.

In order to enhance the effectiveness of your legislative effort, consider establishing a good working relationship with your legislator prior to serious interaction on specific issues. If you are fortunate enough to have a legislator as a patient, a trusting, confident relationship will already be in place. If not, attend receptions and fund-raisers or just go by the legislator's offices to talk in more general terms about legislative issues. If you can establish yourself as a "primary source" of medically-related information, you will be perfectly positioned to provide dependable information when difficult decisions come up during legislative session.

While MSMA lobbyists provide a full-time, active presence in the Capitol, they will tell you their legislative successes are primarily the result of local lobbying by MSMA's rank and file member physicians. I encourage you be a part of the legislative process, and learn first-hand the influence you can have. You owe it to yourself, your practice, your profession and especially your patients. MSMA staff is anxious to help you achieve your legislative goals. Give us a call anytime we can assist you. **MoMed**

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Day at the Legislature

& Mid-Winter Board Meeting

Tuesday, February 29 ◆ Wednesday, March 1, 2000 ◆ Jefferson City, Missouri

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Tuesday, February 29

10:30 a.m.	Mid-Winter Board Meeting - Capitol Plaza Hotel; luncheon served
1:00 p.m.	Deliver apple invitations to legislators
2:30 p.m.	Legislative workshop - Speaker TBA
6:30 p.m.	Dinner - Jefferson City Country Club MSMA Lobbyist Tom Holloway will present current legislative issues

Wednesday, March 1

7:30 a.m.	Meet at Capitol Building, lower level
8:00 a.m.	Legislators arrive, coffee and rolls provided - *You bring the conversation.*
10:00 a.m.	Observe sessions in the House and Senate or visit your legislator's office
11:00 a.m.	Luncheon at Governor's Mansion
1:30 p.m.	Missouri Supreme Court Tour

Register Now! Event deadline is February 16, 2000

Seating is limited to 60 at the Governor's Mansion.

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Registration

Name ____________________

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List names of legislators you will personally invite: ____________________

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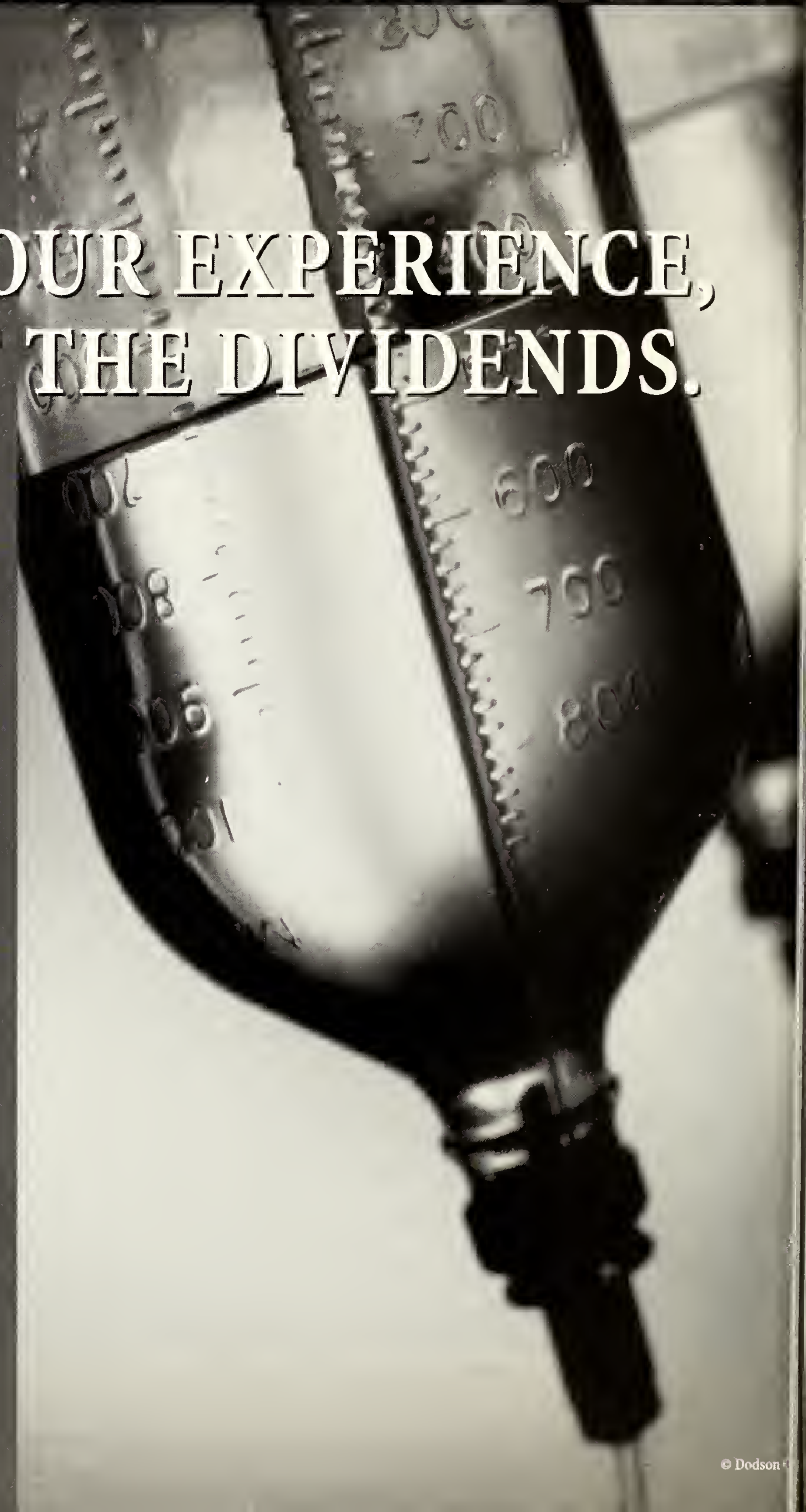

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George M. Bohigian, MD

ABSTRACT

American medicine and health care delivery is undergoing dramatic changes. Part of the problem is lack of direction, communication, and the inability of the physicians to work together. Physicians in the future will need to join forces. The past, present, probable and possible future of American medicine is discussed.

INTRODUCTION

There is neither a tunnel nor a light, only a completely new landscape. The metaphor of promise of a light at the end of the tunnel implies that if you work harder and endure the adversities, eventually you will find a better day and be rewarded. Physicians today work harder, with more responsibilities, less autonomy, see more patients while earning less. To cope with these problems, physicians must learn new practice patterns. The difficulty facing physicians today is a lack of direction due to an inability to effectively communicate with each other or work together toward a common goal.

Physicians will continue to be ineffective in changing the landscape if they are unable to work toward common goals and shared vision. This inability may be due to the dislike of politics, and greed. If physicians think they are above politics then they are ultimately saying that democracy is beneath them.

Medicine will continue to be the best of all professions.

THE PAST

During the past 10 years I have written two articles for *Missouri Medicine* on the future of American medicine. In 1988, I predicted "we are now in a downward cycle; I believe in 25 years we will have reached a low point in medicine due to increased competition, marked advertising, less prestige, stringent government and third-party controls, as well as less financial reward. This may be discouraging for physicians but it is an inevitable part of the cyclical process. Power and wealth have somehow assumed greater emphasis than sensitivity and service. Just as the seasons ensure regeneration, medicine's pattern will renew and regenerate itself as a 'calling and an art' as well as a science. During the coming 30 to 50 years, those attracted to the practice of medicine will perhaps want to care for patients, regardless of the prestige or financial reward."[1]

Later, in 1991, I predicted "Health care is about to undergo a fundamental change, if not a revolution. This change will take place before many physicians realize it, leaving few able to respond. The physicians will continue to be apolitical, aloof, and fragmented. Physicians are their own worst enemies. The typical physician, in his true entrepreneurial and goal-oriented character, will work harder and longer, but events will move too quickly."[2]

Though prophesying is an uncertain and hazardous occupation, these predictions seem to have come true.

How did we arrive at the present dilemma in the first place? There was a time when a patient simply went to a doctor and paid for treatment. The costs and the trade-offs were very plain to everyone. If it was worth it to have a broken arm fixed, but not worth it to go in every time you had the sniffles, then you made such choices accordingly.

Employer-paid "fringe benefits" began during World War II as a way to get around government-imposed wage and price controls. Employers needed to hire more people but were prevented from attracting them with higher pay. Politicians found it expedient to exempt these benefits from the heavy taxes put on wage income. A grand illusion in health care benefits of "something for nothing" was created, leading eventually to the problems we face today. During this time, third-party payers (e.g. Medicare, private health insurance, etc.) developed not only coverage but administration and cost control of delivery of health care. Health care went from a mainly charitable, non-profit organization to a profit driven industry fueled by an aging population, costly high-tech advances, and the expectation of buying health and not preventing disease.

THE PRESENT

Physicians should ask:

1. Who is going to pay for health care?
2. Who is going to control the costs of health care?
3. Who is going to make health care decisions?

As long as the medical profession fails to look at itself as a significant part of the problem, physicians are not likely to see any improvement in their lot. The challenge facing physicians today is not the loss of skills or performance but, as stated above, to find direction and establish lines of communication, in order to work together cooperatively to achieve the goal of improving health care for the patients.

The medical profession as well as many aspects of society are becoming more commercialized. "There is an increasing deprofessionalization of all professions." Medicine is, in essence, a moral enterprise - however, economic, commercial and political agendas so often take precedence over ethical obligations.[3]

THE PROBABLE FUTURE

In my opinion integration and consolidation of medical care and delivery will lead to a "Wal-Mart" model - "quality" at low cost with easy accessibility for all people and almost 24-hour convenience. This will be driven not by government but by the patient/customer/consumer. This model will correct the present fragmentation and haphazard delivery of health care services. Physicians will increasingly be integrated into this new health care system in larger groups in order to reduce overhead and be available to patients in a continuous and convenient fashion. Physicians, at the same time, may improve their own lives by establishing efficient practice patterns and gain additional free time for their personal lives. The majority of physicians will not join unions due to the ethical question of strikes. The number of academic clinical physician scientists who will be able to practice bedside medicine as well as lab science will be drastically reduced. The funding for this type of medicine will become even more scarce. There will be more research being underwritten by private sponsors and dedicated private research facilities than by major academic institutions. The academic physician will not only be required to teach and do research but supplement funding by increasing "clinical services," i.e. seeing more patients. All aspects of medicine - private practice, academic medicine and medical research - will suffer. Loss of autonomy, research opportunities and time constraints will make the practice of medicine less materially and spiritually rewarding. However, medicine will continue to attract those with an idealistic attitude of altruism who will enjoy taking care of patients and who will pursue a medical career for the intellectual and humanitarian aspects. The best and brightest may not choose medicine, but other fields such as computer science, technology, and finance. Applications to medical schools in 1998 declined 4.7% compared to 1997. The number of applications in 1997 declined 8.4% compared to 1996. The applicant acceptance ratio has declined to 2.4 in 1998 from a high of 2.7 in 1995. However, the quality of applicants continues to stay high with the mean total grade point average of 3.87, and the MCAT scores have remained steady.[4]

The future of American medicine will change only incrementally. There will be no significant or dramatic health care reform in our lifetime. Though a national healthcare, single payer system, may be intellectually a reasonable and simple idea, it will not happen in this country because of the basic American philosophy of freedom of choice by the individual. There will continue to be a pluralistic threetier system: a) Medicare/Medicaid; b) private insurance; and c) charity and local taxed covered community care for the indigent. It is estimated that 15% ,or 44 million, people in the United States are not covered by health insurance. The government program of Medicare/Medicaid will slowly expand to include children of the poor, the disabled and the younger poor. Small businesses will form cooperatives to obtain health insurance benefits for their employees. The young worker who does not want to buy insurance or who cannot afford it will either pay as you go or go to the local health/charity/community health centers or emergency rooms. Presently Great Britain is slowly moving from a completely national health service to the option of private fee for service. This currently represents 5 - 10% of the health care delivery of that population. Physicians will increasingly work in groups of 3 - 10 to minimize overhead. Many private practice physicians, especially primary care, will be unable to practice alone. Some will leave medicine, join other groups, or become bankrupt. This trend will be exacerbated by continuing rising overhead, inflation, and tighter fee control. The Balanced Budget Act of 1997 cut an estimated 103 billion dollars in medical spending through fiscal year 2002. This will especially jeopardize rural and teaching/academic hospitals. Some states may mandate basic health care coverage by law as currently done with basic auto insurance coverage. Medicare will allow out-of-pocket expenditures by the patient who chooses to pay for non-covered higher priced procedures and devices. Medical IRAs will be available.

THE POSSIBLE FUTURE

In twenty years the patient may walk into a facility such as Wal-Mart, go to a kiosk, talk to a computer with voice recognition, outline his/her complaints with interactive questions and answers to develop a very detailed history. Each patient will put his or her hand on the computer screen and it will measure the vital signs as well as take and analyze the EKG, electrolytes, etc. Perhaps the computer will order a body scan and deliver to the patient a probable differential diagnosis, produce educational aids, and make recommendations as to the best health care manager, e.g. a physician, chiropractor, alternative care specialist, etc. The computer will give directions to the nearest office and guide him/her through the management and treatment. This information can be easily downloaded for future encounters on a "smart card" which can be automatically updated with the patient's current insurance coverage and need for precertification. There will be statistical analysis of competency of health care providers and outcome analysis of the various means of management of disease so the consumer/patient can make an informed decision. Physicians will have instant internet access to medical information and generate electronic paperless medical records using voice recognition capable computers.

At birth, children will have a hair or blood sample analyzed which will provide a genetic profile and predict future illnesses such as diabetes, hypertension, etc. Those with defective genetic material will be able to repair the genetic defect and normalize their body. Will this be a cure or a curse?

CONCLUSION

The overall look of medicine in the future is anyone's guess. However medicine has a chance to remodel itself into a professional business mode which keeps the patients first, and delivers care to the community in a fiscally sound and responsible way. Medicine has a chance to help design the model of medical care for the future by responsible and constructive participation in the next round of public debate on health care reform. Physicians need to be advocates for the patient and will be believable to the public only when they speak from the viewpoint of those they serve. If physicians were to provide this kind of leadership, the medical profession could energize itself and also those professions and organizations outside the health care field.

I will predict that physicians will have more input into the health care debate and will work together politically to insure coverage for all people. There will be a more cooperative effort among national medical organizations such as AMA, specialty organizations, and health advocate groups.

The light is not at the end of the tunnel -- it is the dawn of a new landscape on the horizon. Pessimists may think of it as the setting sun as the material fortunes of physicians decline, but one can think positively and see the light as a rising dawn, part of a natural cycle of a better day for both the patient and the profession. The pendulum will swing back to the humanities bolstered by technology and the intrinsic joy of caring for the patient. Medicine will continue to be the best of all professions.

What the future holds no one knows but can only imagine. In the beginning of the 20th century, the Washington Post, wrote on January 1, 1901 "we have sanitation, surgery, drainage, plumbing - every product of science an accessory to luxury. It seems impossible to imagine an improvement of what we have." Medical care and the medical profession will continue to improve if we remember the axiom of good medical care is to "care" for the patient and to do what is in the best interest of the patient. MoMed

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Component Medical Societies Address Concerns of Members

Lake of the Ozarks, Quad County, SEMO Medical Society - Dr. William Dorzab, MSMA President, visited three additional Medical Component Society meetings in November. Traveling with Dr. Dorzab were Benita Stennis, MSMA Director of Field Services, and Hal Kinsey, Vice President of Healthcare Insurance. The fall visits increase MSMA's visibility statewide and allow the President to address concerns of members.

On November 9, Dr. Dorzab attended the Lake of the Ozarks Medical Society meeting at Bentley's Restaurant. Dr. Carl Petit introduced Dr. Dorzab to the attendees. Dr. Dorzab discussed the Patient's Bill of Rights, and he provided information about the new medical malpractice insurance MSMA recently endorsed. During dinner Dr. James Dexter presented on migraines and how to effectively treat them.

Dr. Dorzab attended the Butler-Wayne-Ripley-Carter (Quad) County Medical Society meeting on November 16. The meeting was held at the Westwood Hills Country Club in Poplar Bluff. Dr. Gene Leroux introduced Dr. Dorzab to the attendees. Dr. Dorzab reviewed legislation that passed during the 1999 legislative session. Hal Kinsey spoke briefly about the new medical malpractice liability insurance program. Dr. Eugene Hansbrough, former MSMA President, voiced concern that the new insurance program is not including a variety of insurance carriers.

Dr. Gordon Jones was instrumental in working with MSMA staff to make arrangements for Dr. Dorzab to visit the SEMO Medical Society, which met on Wednesday, November 17 at the Sikeston Country Club. During the meeting Dr. Dorzab discussed the AMA's national negotiating organization (Physicians for Responsible Negotiations) and MSMA's Physician of the Day program.

West Central Medical Society - The fall meeting of the West Central Medical Society was held in Lowry City. Home town resident Representative Delbert Scott and Senator Morris Westfall were featured guests. Dr. Norman Knowlton, MSMA Council Chair and MSMA's Membership Director Johanna Echols attended the lively meeting at the Circle N Bar-B-Que restaurant just south of town. Both Westfall and Scott fielded questions from the audience long after the meeting ended. The next meeing of the Society is scheduled for February 8, 2000, in Eldorado Springs. Call Marie Wessley at 417/667-6015 for information.

Decompressive Craniotomy in Medically Uncontrollable Malignant Infarction

John Oro, MD; Nana Amiridze, MD; Rick Boyer, MD

ABSTRACT

Patients with progressive neurological deficit following large cerebral infarctions are viewed to have a uniformly poor prognosis. We present two patients with large middle cerebral artery infarctions in which a decompressive craniotomy was life saving and resulted in functional outcome. The clinical course of patients with malignant infarction and the treatment issues involved including patient selection and the timing and extent of cranial decompression are discussed.

INTRODUCTION

Stroke is the third leading cause of death in the adult population in the United States. It is the most prevalent disease involving the central nervous system (CNS) and the most common cause of death among CNS diseases. An estimated 200,000 persons die each year from stroke. Some patients who survive the initial stroke deteriorate rapidly and die within the first few days, a condition called malignant infarction.

There is no proven therapeutic intervention for malignant stroke. Whereas some patients respond to medical management with hyperventilation and mannitol, the mortality rate remains 80% despite this treatment. Recently surgical therapy has been offered in an attempt to improve survival and return some patients to a good quality of life. The authors report two cases in which decompressive craniotomy was lifesaving and provided good outcome.

CASE #1

K. A. is a 31-year-old female Ph.D. student, with no significant previous illnesses, who was found by her 5-year-old daughter lying on the floor, unable to get up. Her only risk factor for stroke was oral contraceptive use. On examination in the Emergency Center, she was arousable and would follow commands. Pupils were equal and reactive, with a right gaze preference. She had a dense hemiparesis on the left and full strength on the right. A computed tomographic (CT) scan and magnetic resonance imaging (MRI) done on the day of admission showed edema and mild midline shift to the left. No flow void was seen in the distal middle cerebral artery on MRI. Cardiac echocardiogram and Doppler ultrasound exams of the carotid arteries and lower extremities were normal.

The patient was admitted to the medical intensive care unit for monitoring. Her mental status deteriorated despite medical management. On the second hospital day, she became unresponsive with dilated and nonreactive pupils, and decerebrate posturing with the left upper extremity. Her pupillary response improved following the administration of mannitol. A repeat CT scan showed a large right middle cerebral artery infarct with increased mass effect and shift. The neurosurgical service was contacted, and she was taken to the operating room for a decompressive craniotomy and large dural patch graft. By the first postoperative day, she was opening her eyes and following commands. She steadily improved to have fluent speech, mild left facial palsy, dense left upper extremity paresis, and antigravity strength in the left lower extremity. At follow-up, she was able to walk with a brace. She is independent in all her activities of daily living. She developed complex partial seizures nine months after the cerebrovascular accident; the seizures are well controlled with anticonvulsants.

CASE #2

A.W. is a 36-year-old male, who presented with the acute onset of left-sided weakness, worse in the arm than leg, slurring of speech, and mild confusion. He was initially taken to an outside hospital where a CT scan was reported as negative. He was then transferred to the University Hospital for further evaluation. The history included three prior myocardial infarctions, heavy tobacco use, a prior alcohol abuse, and a family history of multiple deep venous thromboses. On exam, he had left hemiparesis, arm worse than leg, decreased sensation on the left, and sixth and seventh nerve palsies. An MRI showed a large right middle cerebral artery infarct. Echocardiogram showed normal wall motion and ejection fraction, with only trace mitral and tricuspid regurgitation. Doppler ultrasound of his carotid arteries showed 50% to 79% stenosis on the right, and lower extremity Doppler revealed no evidence of deep venous thrombosis. A hypercoagulable workup was negative.

He was admitted by the neurology service to the intensive care unit for monitoring. His mental status continued to decline; he became more lethargic and no longer followed commands. A CT scan showed increasing mass effect, which was treated with mannitol. On the fourth hospital day, he showed more deterioration, with dilation of the right pupil, no eye opening, and decerebrate posturing on the left while localizing on the right. He was taken to the operating room for a decompressive craniotomy and opening of the dura. Postoperatively he showed immediate improvement in his neurologic exam, and shortly thereafter was following commands and conversing. On follow-up, he has antigravity strength in his left lower extremity, while the left upper extremity has flexion contractures.

DISCUSSION

During the acute period following a cerebral infarction, neurologic decline is often attributed to surrounding edema. Acute arterial occlusion of the internal carotid and middle cerebral arteries sometimes produces massive unilateral hemispheric cerebral edema, causing death within a few hours from high intracranial pressure with uncal, cingulate, or tonsillar herniation. Postinfarction edema reaches a peak within two to four days and subsides within two weeks. Most patients with massive edema who are going to develop herniation do so within 48 hours of stroke. This phenomenon, known as malignant infarction, has been well documented in clinical observation and in autopsy studies. Bounds et al show that in 32 of 100 patients who died as the result of cerebral infarction, transtentorial herniation was the most serious factor contributing to death.[1]

Why this massive swelling occurs in some cases and not in others is not completely understood. Greenwood proposes that there is probably a chain reaction similar to that which occurs when relatively small brain tumors produce distant swelling because of local venous occlusions and precipitate symptoms out of proportion to their size.[2]

At the present, there are few therapeutic interventions of "proven" value in the treatment of acute stroke. Mortality rate among the patients who develop malignant hemispheric infarction is reported to be as high as 70% to 80%.[3,4,5,6]

Craniotomy as a treatment for elevated intracranial pressure (ICP) from a mass lesion has its foundation early in the history of neurosurgery.[7] In recent years, decompressive craniotomy has been recommended as an alternative treatment for an acute stroke with massive medically uncontrollable brain edema. Greenwood points out that patients with acute cerebral infarction with high ICP do not have to die from this pressure, and if there is a reasonable possibility of the residual neurological deficit being within acceptable limits, the surgery should be carried out as an emergency procedure.[2] Rengachary et al outlined four goals in the management of patients with ischemic stroke: (a) preservation of life, (b) prevention of extension of thrombus and ischemic infarct, (c) prevention of systemic complications, and (d) long-term rehabilitation.[8] Decompressive craniotomy meets the first goal. Clinical retrospective studies reported in the world medical literature on craniotomy in medically uncontrollable hemispheric infarction are encouraging. Compared with the reported 70% to 80% fatality rate for medically treated stroke patients, these studies show 70% to 78% survival following surgery.[9,10,11] At the same time, the number of severely disabled patients after craniotomy is comparable to that in medically treated patients.

Several questions are still debatable:

1. Identifying patients who will benefit from surgery.

There is no simple answer whether or not to operate on a particular patient. Every case should be reviewed individually. Four factors influence the decision of whether or not to perform a craniotomy on a patient with malignant infarction. Generally, younger patients are more suitable candidates for surgery because of reduced mortality risk, an increased likelihood of some neurological recovery, and the attitude of the family toward accepting attempts at preservation of life in the face of severe neurologic deficit. Younger, less atrophic brains are less able to accommodate swelling than are older brains with generalized atrophy.[12] It is also possible that the edematous response to ischemia may be more severe in younger brains

Leptomeningeal vascular anastomoses play an important role in MCA stroke outcome. Patients with excellent leptomeningeal collateral blood supply fare better, usually suffering only a subcortical striatocapsular infarction.[13,14] These anastomoses undergo substantial structural changes with age, leading to regression.[15] Because there are more leptomeningeal anastomoses in younger patients and they are more easily compromised by brain edema (because of less brain atrophy), craniotomy may be more effective in opening those anastomoses.

The third factor is cerebral dominance. Neurologic deficit in nondominant hemisphere stroke patients is usually more acceptable, because speech and other communication functions are usually preserved.

Patients with severe complicating illness probably are not suitable candidates for surgery.

2. Timing of surgical intervention.

The exact time when craniotomy would be most beneficial is unclear. It is difficult to determine the length of time to continue conservative therapy before considering surgery. Rengachary emphasizes that hemicraniotomy should not be attempted without the patient receiving full benefits of nonoperative therapy, yet one should not wait so long that irreversible damages, such as Duret hemorrhages, occur.[8] Rieke et al operated on patients at the latest when pupillary abnormalities were not improved with antiedematous agents. Patients whose pupils were fixed and dilated over a longer time period, despite aggressive antiedemic therapy, did not survive.[9] In their prospective trial only patients < 70 years old were included. An extended space-occupying hemispheric infarction covering at least the whole middle cerebral artery territory with significant midline shift (>5mm contralateral shift of midline structure on CT scan on septum pellucidum level), compressed basal cisterns, or uncal herniation had to be present on cranial CT.

To determine the optimal time to perform decompressive craniotomy, continuous intracranial pressure monitoring using epidural transducers after intubation may be helpful.[16] Persisting intracranial pressure value of > 30 mm Hg on the affected side generally indicates severe midline shift with consecutive brain stem compression.

3. Size of craniotomy.

The most effective craniotomy size is unknown. Most authors agree that the craniotomy must be large enough to achieve smooth bulging rather than fungus-like herniation of brain into the craniectomy. Extending the decompression down to the floor of the middle fossa is important to relieve pressure from the herniating mediobasal temporal lobe. Greenwood suggests always examining the tentorial edge when the temporal lobe is involved, and in the case of herniation, reduce it in size by suction to allow it to dislodge.[2]

4. Determining whether to resect infarcted tissue.

Some controversy exists as to whether infarcted tissue should be resected or not. Some authors suggest resection of the infarcted area.[2, 12, 17] However, others do not recommend removal of the ischemic tissue, because the margins of the infarction in acute stroke are poorly defined and differentiation between definitely damaged tissue and the ischemic penumbra is not possible.[18, 19] Once the craniotomy and dural opening have been performed, the exposed brain surface can be protected with gelfilm or by creating a dura patch graft. The bone flap can be reimplanted 2 or 3 months after the stroke.

CONCLUSION

Decompressive craniotomy is of value in some patients with malignant infarction. Patients who are more likely to benefit are younger, have nondominant stroke, and have no complicating illnesses. Decompression should be performed when it appears that medical management will not arrest the deterioration. A large craniotomy over the area of stroke and extending to the temporal base is recommended. Although resection of infarcted brain tissue is not routine, it may be of value in selected cases.

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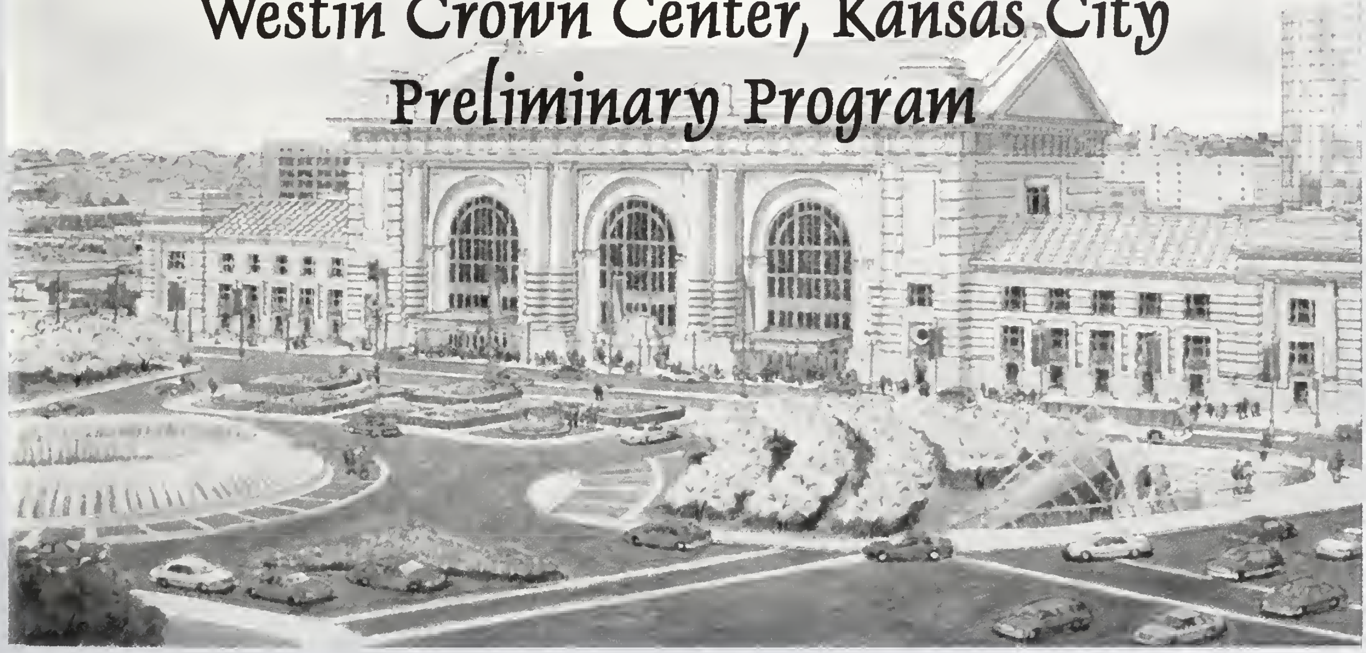
MSMA
Sesquicentennial Convention
April 6-9, 2000
Westin Crown Center, Kansas City
Preliminary Program



Kansas City's restored Union opened as the home of Science City in November 1999. Physicians will have the opportunity to visit Union Station while attending Missouri State Medical Association's 2000 Annual Convention. Please mark your calendar and plan to join us as MSMA takes medicine into the new millenium and celebrates its 150th anniversary along with the MSMA Alliance celebrating its 75th anniversary.

1850-2000 MSMA Sesquicentennial
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Preliminary Program

MSMA Sponsored Events

April 6, Thursday

2:00 pm	Opening Session, MSMA House of Delegates
4:00 pm	Reference Committees Meeting

April 7, Friday

7:00 am	Councilor District Breakfasts
7:30 am	Physicians Health Committee Meeting
8:30 am	Opening General Session
11:00 am	General Session
11:00 am	Open Forum on AMA Issues
11:00 am	Medical Student Luncheon
4:00 pm	Second Session, MSMA House of Delegates

April 8, Saturday

7:00 am	Missouri State Medical Foundation Board Meeting
7:00 am	Young Physicians Section Breakfast Meeting
8:00 am	General Session
11:00 am	MMPAC Meeting
1:00 pm	International Medical Graduates Meeting
1:30 pm	General Session
3:15 pm	General Session
6:30 pm	Presidential Inauguration
7:30 pm	Reception

April 9, Sunday

7:30 am	Final Session, MSMA House of Delegates

Component Medical Societies

April 6, Thursday

noon	St. Louis Metro Luncheon
noon	Metro Med of Greater KC Luncheon

April 7, Friday

7:00 am	Councilor District Breakfasts
noon	Metro Med of Greater KC Luncheon
2:00 pm	St. Louis Metro Caucus

Other Events

April 6, Thursday

6:45 am	Moneta Breakfast

April 7, Friday

7:30 am	UMC Alumni Board of Governors Breakfast Meeting
12:00 pm	UMC Alumni Luncheon
6:00 pm	Alumni Receptions

Exhibits

April 7, Friday

8:00 am	Coffee and Rolls in Exhibit Hall
10:30 am	Intermission to View Exhibits
2:00 pm	Intermission to View Exhibits

April 8, Saturday

8:00 am	Coffee and Rolls in Exhibit Hall
10:30 am	Intermission to View Exhibits

MSMA Sesquicentennial Convention General Sessions

- Educating Physicians about End-of-life Care (EPEC) Project
  (Friday, 8:30 - 10:30 am)
- Election 2000: Candidate Forum
  (Friday, 11:00 am - 12:30 pm)
- Unions - Collective Bargaining
  (Saturday, 8:00 - 9:30 am)
- EMTALA Regulations (Emergency Medical Treatment and Active Labor Act)
  (Saturday, 1:30 - 3:00 pm)
- Risk Management
  (Saturday, 3:15 - 4:30 pm)

CONVENTION DEADLINES

January 21
Community Service Award Nominations

February 6
Delegate Credential Cards

February 21
Resolutions

Celebrating 150 Years at the 2000 Convention

Specialty Societies

April 7, Friday

9:45 am	Missouri Dermatological Society Program
11:00 am	Missouri State Surgical Society Program
2:00 pm	Missouri Society of Otolaryngology- Head and Neck Surgery Program
2:00 pm	Missouri State Surgical Society Program
6:00 pm	Missouri Society of Anesthesiologists House of Delegates and Reference Committee
6:00 pm	Missouri Chapter, ACP-ASIM Program
6:30 pm	Missouri Academy of Family Physicians Dinner Board Meeting

April 8, Saturday

7:00 am	Missouri Association of Plastic & Reconstructive Surgery Board Meeting
7:00 am	Missouri Society of Otolaryngology - Head and Neck Surgery Breakfast Board Meeting
8:00 am	Missouri Society of Radiology Breakfast Meeting
9:45 am	Missouri Dermatological Society Program
9:45 am	Missouri State Neurological Association Program
10:00 am	Missouri State Surgical Society/Missouri Chapter, American College of Surgeons Program
10:00 am	Missouri Society of Anesthesiologists Program
10:00 am	Missouri Society of Otolaryngology - Head and Neck Surgery Program
10:00 am	Central Society of Physical Medicine and Rehabilitation Luncheon
10:00 am	Missouri Association of Plastic & Reconstructive Surgery Program
11:00 am	Missouri Society of Radiology Program
11:30 am	Central Society of Physical Medicine and Rehabilitation Program
11:30 am	American Cancer Society Liaison Luncheon
noon	Missouri Association of Plastic and Reconstructive Surgery Luncheon
noon	Missouri Society of Anesthesiologists Luncheon
noon	Missouri Society of Radiology Luncheon
12:15 pm	Missouri Society of Otolaryngology - Head and Neck Surgery Luncheon
1:00 pm	Missouri Society of Radiology Program
1:00 pm	International Medical Graduates Program
1:30 pm	Missouri Society of Anesthesiologists Program
1:30 pm	Central Society of Physical Medicine and Rehabilitation Program
1:30 pm	Missouri Association of Plastic and Reconstructive Surgery Program
3:00 pm	Missouri Society of Anesthesiologists Second House of Delegates

April 9, Sunday

9:30 am	Christian Medical and Dental Society Program

MSMA Alliance

April 6, Thursday

10:00 am	Board Meeting
noon	Past Presidents Luncheon
3:00 pm	General Assembly, Session I
7:30 pm	An Evening of Kansas City Hospitality

April 7, Friday

9:00 am	General Assembly, Session II
10:00 am	MSMA/MSMAA General Session
11:00 am	General Assembly, Session III
7:30 pm	AMA Foundation Fundraiser

April 8, Saturday

8:30 am	General Assembly, Session IV
noon	Installation and Awards Luncheon
3:00 pm	Joint Convention Board Meeting
6:30 pm	Presidential Inauguration
7:30 pm	Reception

CELEBRATING 150 YEARS AT THE 2000 CONVENTION

MISSOURI STATE MEDICAL ASSOCIATION SESQUICENTENNIAL CONVENTION

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Delegate ☐ *Member* ☐ *Non-Member* ☐

Daytime Phone Number

Medical Specialty *Component Medical Society*

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_____ *Election 2000: Candidate Forum*
_____ *EPEC (End-of-Life-Care)*
_____ *EMTALA Regulations*
_____ *Unions-Collective Bargaining*
_____ *Medical Specialty Programs*

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Sesquicentennial Convention • April 6-9, 2000

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The 2000 General Assembly: A Look Ahead

The 2000 General Assembly convenes on Wednesday, January 5, and will remain in session until May 12. If this session is anything like the one in 1999, legislators will introduce more than 1500 bills, 300 of which would impact the practice of medicine in one way or another.

At the time of this writing, no legislation, pending or planned, is available for scrutiny (and MSMA is working on several issues that need to be kept under wraps right now). But based on discussions with lawmakers and rumors from reliable sources, MSMA's lobbying staff has a pretty good idea of what lies ahead. Following, in no particular order, is a brief review of some of the legislation you might expect to see in 2000. For updates during the legislative session, keep a sharp eye on MSMA's weekly *Legislative Report*.

Physician Profiling

A series of investigative reports shown on television news programs prompted the appointment of a special legislative sub-committee in 1998 to study the issues of physician profiling and public access to information about physicians. The television reports alleged the Board of Healing Arts' disciplinary process protects bad physicians from public scrutiny (the Board does not disclose information regarding malpractice cases and will not provide information about investigations and disciplinary proceedings unless formal charges are filed). After numerous hearings, the sub-committee drafted a bill which would have required the Board of Healing Arts to gather and make available on the Internet such information as what medical school the physician attended, board certifications, hospital affiliations, his or her years in practice, any final disciplinary actions taken by the Board within the last ten years, criminal convictions, and any paid malpractice claims. Believing this idea is fraught with unfair peril for physicians, MSMA worked hard to keep the bill subdued for two years. Unfortunately, interest in the proposal has not waned, and the bill is almost certain to reappear in 2000.

All-Products Clauses

Missouri physicians are beginning to see managed care contracts containing so-called all-products clauses. Under these clauses, if the physician agrees to participate in one insurance product offered by the insurer, he or she has no choice but to participate in all the insurer's products, even those that do not exist at the time of signing the contract. You may prefer to participate in a carrier's PPO, but want nothing to do with its HMO. The all-products clause gives you no choice. The physician is expected to participate in some products without knowing any of the material terms, including the medical policies, the kinds of patients he or she will serve, the numbers of patients involved, the administrative requirements, what financial risk he or she will bear, or payment levels. Moreover, these clauses typically provide that a physician who terminates participation in one plan is summarily terminated in all the other plans. MSMA thinks the all-products clause is offensive and detrimental to patient care. We are exploring several options, including legislation if necessary, to have these clauses banned in Missouri.

Pharmacists' Scope of Practice

Missouri's pharmacists plan to propose legislation to allow them to prescribe drugs and modify a drug therapy in accordance with written guidelines or protocols provided by any practitioner authorized to prescribe drugs. Before a pharmacist could provide these services, he or she would first have to complete an unspecified regimen of training (to be determined by the Board of Pharmacy). Of course, this proposal is fraught with problems. First and foremost, the retail pharmacy is not the appropriate setting in which to discuss and resolve medical problems. Moreover, prescribing and/or modifying a patient's drug therapy can only be done following an appropriate clinical assessment, and pharmacists do not have the training necessary to make these assessments. MSMA is stridently opposed to this measure.

Certified Registered Nurse Anesthetists

The nurse anesthetists (CRNA's) will be back in pursuit of independent practice authority in 2000. The CRNA's want to be allowed to administer anesthesia without the presence of a supervising physician, and the authority to prescribe drugs, including controlled substances. MSMA thinks this is an irresponsible and extraordinarily dangerous proposition. The safe and efficacious administration of anesthesia requires the constant use of medical judgement, especially when life-threatening emergencies arise. Nurse anesthetists are a valuable part of the anesthesia team, but their training and education does not render them capable of making critical medical assessments and decisions that could be the difference between life and death. Physician supervision is paramount, and MSMA will fight this proposal vigorously.

Tobacco Settlement Money

In 1998 the Missouri Attorney General signed a settlement agreement with the tobacco industry which will result in the state receiving $6.7 billion over the next twenty-five years. The agreement gives the General Assembly the authority to parcel out the funds, and there is no shortage of ideas as to where the money should go. Should it fund the Medicaid program, or should it be used to support anti-smoking campaigns? Should it build new highways and bridges, or should it support education? Or perhaps the state shouldn't spend it at all. There is spirited debate as to whether or not the Missouri Constitution - the so-called Hancock Amendment - requires the entire settlement to be returned to the taxpayers. The money could start flowing in as early as June, so there's not much time for the General Assembly to act. It will be an interesting fight.

Managed Care - Pre-Authorizations

On the next to the last day of the 1999 legislative session, MSMA successfully fought an amendment offered on the Senate floor by the insurance industry which would have gutted a key provision of the managed care reform package that passed in 1997. That law requires a utilization review authorization for health care services to include not only a determination of medical necessity, but also a benefit determination (these determinations are to be made concurrently). The floor amendment would have allowed insurers to authorize a service as medically necessary, but to deny reimbursement later because the service is not a covered benefit. Like rust, the insurance lobby is relentless. MSMA will be watching them close in 2000 to make sure they don't make any other attempts to weaken the outstanding managed care laws we fought so hard to win in 1997.

Psychologist Prescriptive Authority

The psychologists are expected to renew their push for prescriptive authority in Missouri. Their 1999 legislation would have allowed them to prescribe drugs (including controlled substances) after completing two hundred hours of independent course study in pharmacology and one hundred hours of clinical training under the supervision of a physician. This legislation is part of a nationwide push by psychologists, and we expect to see it reappear in 2000. MSMA is strongly opposed to this proposal.

Optometrists and Laser Surgery

At the time of this writing it appears likely the optometrists will approach the General Assembly seeking the authority to perform laser surgery. No legislative language has been made available for MSMA's evaluation, but reliable sources indicate it's coming. As with any other attack on the family of medicine, MSMA will oppose this effort vigorously.

Naturopaths

In 1999, a group of naturopaths sought legislation that would have granted them the equivalent of full medical licensure. Naturopaths practice a branch of alternative medicine that traditionally relies on natural healing agents such as herbs, minerals, heat, cold, etc. But the legislation they pursued would have allowed them to perform "minor surgery" and prescribe drugs, including controlled substances. This legislation is expected to return in 2000, and MSMA will oppose it.

Direct Access for Ob/Gyn Services

Legislation again will be reintroduced to allow female HMO enrollees to seek the services of any participating obstetrician or gynecologist without a referral from a primary care provider (current law allows one visit per year to a participating Ob/Gyn without a referral). This issue has considerable support in both the House and Senate, and needs only a good, early start to be passed into law. MSMA is opposed to any unreasonable restrictions on the patient's freedom to choose his or her own physician, including the right to seek direct access to specialists.

Certificate of Need Program

Last year Certificate of Need (CON) program bureaucrats asked the General Assembly for significant changes in Missouri's CON statutes. The CON program makes decisions on certain new or expanded health services and issues permits for those that demonstrate community need and financial feasibility. The application process is expensive and complicated, and few relish the prospect of going through it. Under current law the private offices of physicians are exempt from CON review, and health care facilities such as hospitals and ambulatory surgical centers must apply for a permit only when the cost of the new health services exceeds one million dollars. The proposed bill would have repealed the physician office exemption and eliminated the one million dollar threshold. All new health services, regardless of cost, would have been subject to the CON review process. MSMA opposed this endeavor and was successful in beating it back.

Immunizations

In the last days of the 1999 session the Senate approved an amendment that would exempt children from mandatory immunizations based on a parent's "personal convictions." The language apparently was aimed at the controversial Hepatitis B immunizations, but was drafted in such an open manner that all childhood vaccines could be avoided if the parent merely decided it was inconvenient. Fortunately the bill came out of the Senate with enough time for MSMA and the Department of Health to remove the bad language. MSMA has since learned that this effort was part of a national movement which is beginning to gel in several states, including Missouri. It appears likely the group pushing this legislation will be back in Jefferson City in 2000, seeking passage of their legislation.

Lay Midwifery

Legislation to legalize the practice of lay midwifery has been proposed in Jefferson City for several years (although none was offered in 1999). Bills introduced in the past would grant lay midwives (not *nurse* midwives) a state license to deliver babies, with very little in the way of training or education prerequisites. Lay midwifery advocates portray this as an access issue and have considerable support in the General Assembly. MSMA considers it a significant safety issue and will continue to lobby against its passage.

Motorcycle Helmets

Every year for the last several years, MSMA and other safety advocates fought the Freedom of the Road Riders and other cycling enthusiasts over legislation to allow any person twenty-one years of age or older to ride a motorcycle without protective headgear. In 1999, the cyclists finally prevailed, only to see the Governor veto their plan. MSMA considers this an important safety issue. Head injuries are devastating not only to the individual patient, but to the patient's family and the community as a whole. Unfortunately, this proposal has tremendous support in both the House and Senate, and the cyclists almost certainly will be back in 2000.

DWI - .08% BAC

MSMA and other safety advocates have worked for several years to lower Missouri's DWI threshold. In 1999, for the first time ever, the House of Representatives approved legislation that would have reduced the legal blood-alcohol content from .10 to .08 percent. The Senate, however, did not follow suit. The tragic consequences of mixing drinking and driving are well documented. Alcohol-related traffic accidents exact a terrible cost that shouldn't be tolerated. Scientific studies clearly demonstrate impairment of judgement in individuals with blood alcohol levels as low as .04 percent. Setting the legal limit at .08 percent, and imposing stiff penalties for violating that limit, would be a giant step forward in the battle to rid the road of impaired drivers. Because the federal government has set aside additional highway funds for states that adopt the lower DWI standard, this bill will attract a lot of attention in 2000.

Licensed Professional Counselors

In 1999 the licensed professional counselors advanced legislation that would have granted them the authority to diagnose and treat patients in the hospital setting. This would have amounted to hospital admitting privileges. MSMA opposed it then, and will oppose it again should it resurface in 2000.

Mastectomy Coverage

MSMA and other patient advocates will make another attempt to pass legislation requiring insurers to cover at least 48 hours of inpatient care following a mastectomy and at least 72 hours following reconstructive surgery. This bill would allow the decision to keep the patient in the hospital to be made by the patient and the physician, not the insurance company. MSMA believes mastectomy is not an outpatient procedure.

Seatbelts - Primary Enforcement

MSMA and other highway safety advocates plan to pursue legislation that would allow law enforcement officials to stop a vehicle for failure to obey seatbelt laws. Currently a vehicle must be stopped for some other offense before a citation can be issued for a seatbelt violation. Fourteen states now have primary enforcement laws. The seatbelt usage rate in those jurisdictions has climbed significantly, and the number of deaths and injuries - especially in children - has dropped commensurately. The Missouri General Assembly has tinkered with primary enforcement legislation in the past, but has yet to put any bill on the Governor's desk.

Registered Nurse First Assistants

During the last two sessions, MSMA successfully blocked legislation that would have prohibited anyone other than a registered nurse first assistant or a surgical first assistant (which was defined as any physician, resident, intern, or physician assistant) to hold the title of "first assistant to a surgeon" during a surgical procedure. If this returns in 2000, we will fight it again.

Child Abuse Reporting

MSMA and the Missouri Hospital Association conspired two years ago to defeat a bill that would have destroyed the immunity provided for physicians and other professionals who are mandated to report suspected child abuse. Current law holds the reporter immune from lawsuits unless he or she intentionally files a false report, or acts in bad faith or with ill intent. This bill would have held the reporter liable for damages if negligence was involved in making the report. Negligence is a terribly low standard, one that is relatively easy to prove in court. For instance, allegedly bad lighting in the examination room could be construed to be negligence. This would have crippled the child abuse reporting laws and probably would have resulted in very few cases being reported. The bill was not introduced in 1999, but the bill's supporters are rumored to be considering another run at it. If it shows up again in 2000, MSMA will work hard to kill it.

Radiologic Technologists

Last year MSMA again succeeded in thwarting legislation that would have created a "Board of Ionizing Radiation Technology" to issue certificates for general radiography, limited radiography, radiation therapy, and nuclear medicine technology. Under that bill, no person could use ionizing radiation on a human being unless he or she was first certified in one of the aforementioned categories. Physicians, medical students, dentists, chiropractors, podiatrists, and several other providers were exempt, but nurses were not. We expect to see this bill return in 2000, and we will fight it again.

Generic Substitution

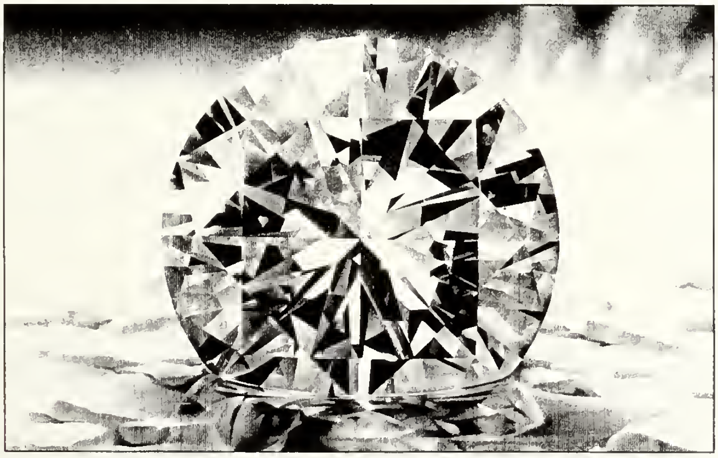
Last year, for the first time in many years, the pharmacy lobby did not pursue legislation to allow pharmacists to make a generic substitution unless the prescriber, in his or her own hand, writes the words "Brand Medication Necessary" across the face of the prescription form. This issue had been around for several years and MSMA strenuously opposed it. If it reappears in 2000, MSMA will fight it once more.

Universal Health Care

Although support for a Canadian-style single-payer health care system has declined in Jefferson City, this bill's proponents always manage to put up a fight. Under their plan all Missourians would be guaranteed free health care. There would be one payer - the state - and physicians would have to negotiate with the state on all fees for services. This issue almost certainly will be revisited in 2000, and MSMA will oppose it.

Workers' Compensation

As has become habit, Missouri's business community will make workers' compensation reform a high priority in 2000. Suggested reforms always include establishing a fee schedule for physicians' services (usually it's Medicare's fee schedule) and language that would allow the injured worker to choose a chiropractor for post-injury care. MSMA will monitor this effort very closely, and fight any unfavorable proposals. **MoMed**



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Legislation and MSMA Policies Start With You

The ideas and needs of our members begin the process of creating legislation and policy supported by the Missouri State Medical Association. The first step is stating those needs in the form of a resolution to be considered by the MSMA House of Delegates. Resolutions may be submitted by individuals, component societies or groups of MSMA members.

Resolutions to be included in the MSMA 2000 Annual Meeting Delegate Handbook, (April 6-9, Westin Crown Center, Kansas City), must be received at MSMA by February 21, 2000.

Mail your resolutions to:
MSMA, 113 Madison Street, P.O. Box 1028, Jefferson City, MO 65102 or fax to: 573-636-8552.

Contacting Your Legislators

When considering various legislative proposals, lawmakers pay careful attention to the views of their constituents. They particularly are impressed when a physician takes time away from a busy schedule to call upon them.

Because no one knows more about health care than physicians, legislators want to know your opinions. Let them hear your thoughts.

A brief letter, telephone call, fax, or e-mail can play a surprisingly significant role in a legislators decision-making process.

Or, you may want to visit your legislators in Jefferson City. Make an appointment to meet with them, or perhaps offer to take them to lunch or dinner.

Before you visit with legislators, let MSMA lobbyists brief you on the status of legislation. Your discussion will be more effective with complete knowledge of the status of particular bills.

A legislator's time is often limited, so let them know if you want to discuss a complicated subject matter that would take more time than a brief visit. Be sure to thank them for their time.

Stay in touch with your legislators. Let them know your interest is sincere and that they can contact you if they need more information on a medical issue. **MoMed**

Addressing a Public Official

Governor
The Honorable (full name)
Governor of Missouri
State Capitol Building
Jefferson City, MO 65101

Dear Governor (surname):

State Senator
The Honorable (full name)
Missouri State Senate
State Capitol Building
Jefferson City, MO 65101

Dear Senator (surname):

State Representative
The Honorable (full name)
House of Representatives
State Capitol Building
Jefferson City, MO 65101

Dear Representative (surname):

President of the United States
The President
The White House
Washington, D.C. 20500

Dear Mr. President:

U.S. Senator
The Honorable (full name)
U.S. Senate
Washington, D.C. 20510

Dear Senator (surname):

U.S. Representative
The Honorable (full name)
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative (surname):

Physician of the Day

Participate in MSMA's **Physician of the Day** Program and join the team of physicians who serve as the official physician on duty for lawmakers and staff in the Capitol. Call the MSMA office at 573/636-5151 for more information.

MSMA's Key Contact Program

Your action in MSMA's Key Contact Program is good, basic citizenship.

The members of the Missouri State Medical Association are all constituents represented by elected officials at the local, state, and federal levels of government. These legislators place great emphasis on what their most active constituents have to say, for it is these constituents who vote either to help re-elect them to another term of office or elect someone else to take their job.

When constituent involvement in the political process is applied on legislative issues, it is described as "grassroots" lobbying. Grassroots lobbying on legislative issues is critically important when MSMA wants to pass, amend, or defeat various proposals. To enhance its government relations effort through grassroots activity, MSMA has created the ***Key Contact Program***.

Activities in the ***Key Contact Program*** are based on two central premises. First, government actions have their greatest impact at the community level. As such, local constituent pressures can be exerted to help influence how a legislator votes.

Second, government actions and activities have become so important to the medical community that the responsibility for legislative effectiveness must in part reside with physicians - not just with your MSMA lobbyists. While its staff plays a fundamental role in the process, MSMA needs a broader base of political support to be more credible and effective.

Your action in MSMA's Key Contact Program is good, basic citizenship.

Traditionally, MSMA members have been called upon to write their lawmakers concerning government relations problems. However, our political needs now require participation that is more than just an occasional, informal effort. What is required is a systematic approach.

MSMA's ***Key Contact Program*** matches lawmakers with physicians from their districts who will keep in touch on legislative issues. That means each senator and representative will have at least one, and hopefully dozens of physicians in their district willing to take the time to call or write whenever medical issues arise. MSMA staff keeps its Key Contacts informed and engages the network when critical votes are expected or when certain lawmakers need to hear from a physician in their district.

The ***Key Contact Program*** is:

- strictly nonpartisan;
- information as well as action oriented;
- good, basic citizenship;
- taking an active role in the government process;
- getting to know your elected representatives;
- making your views known to your legislators.

MSMA's ***Key Contact Program*** promotes the interest of all physicians, their families, and patients with government officials. MoMed

If you are interested in becoming a Key Contact, please fill out the form on page 33 and return it to the MSMA.

Goals of the MSMA's Key Contact Program

- ⇨ To promote the interests of your profession, your practice, and your patients through contacts with lawmakers;
- ⇨ To better understand issues affecting medicine and be able to explain organized medicine's position to elected officials on a constituent basis;
- ⇨ To inform other physicians of the impact of government legislation and regulation on their business and personal lives;
- ⇨ To help legislators and other government officials understand the impact proposed legislation and regulations have on the health care delivery system;
- ⇨ To motivate physicians, their patients, and their families to become involved in the political process.

Key Contact Responsibilities

Physicians serving as Key Contacts are asked to assume the following responsibilities in order to carry out the goals of the program:

- ⇨ To represent the views of medicine to assigned federal and state elected officials in whose district you live;
- ⇨ To develop personal, constituent relationships with your assigned elected officials and other government officials based on mutual respect and trust;
- ⇨ To be aware of pending legislation at the state and federal levels and, with the assistance of MSMA staff, be prepared to discuss its impact on medicine, your patients, and the local community;
- ⇨ To help build community understanding and support for MSMA's position on issues of major concern;
- ⇨ To assist with the implementation of any future grassroots program activities that involve other physicians and other constituent support groups in the community.

Most of the people in this house have never practiced medicine.

Become a Key Contact for the 2000 Legislative Session!

Your Involvement is Key to our Success!

The Key Contact Program has been very successful. We hope you'll give it a try.
It takes no special training. We'll guide you along the way.
Just copy and fill out the form below and return it to:
MSMA, P.O. Box 1028, Jefferson City, MO 65102, Fax: 573-636-8552.

My state representative is: ____________________

My state senator is: ____________________

My name: ____________________

Address: ____________________

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Government has become an integral part of the practice of medicine. Virtually every medical decision you make will be impacted by health care policy decisions being made by lawmakers and bureaucrats.

The political arena is crowded with special interest groups and many of these groups do not have medicine's best interest in mind. As each interest speaks out on its own behalf, only a unified force made up of physicians and their spouses can best represent the medical community and the patient.

The Missouri Medical Political Action Committee – MMPAC – works on behalf of the entire medical profession, enabling us to speak as one powerful, amplified voice. The Association's bipartisan political action committee works with elected officials to make sure they understand every aspect of health care legislation.

MMPAC contributions support candidates who support the legislative goals of physicians. Candidates are selected based on recommendations from MMPAC members and local districts.

Your participation in MMPAC offers you an effective means to become involved in the political process and expand the influence of the medical community in the complex political world.

Your MMPAC contribution is an investment – in the medical profession, in the future of our health care system, and in the future of our many patients. MoMed

Please help us advance the high standards and practices of the medical profession.
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MMPAC, P.O. Box 1402, Jefferson City, MO 65102

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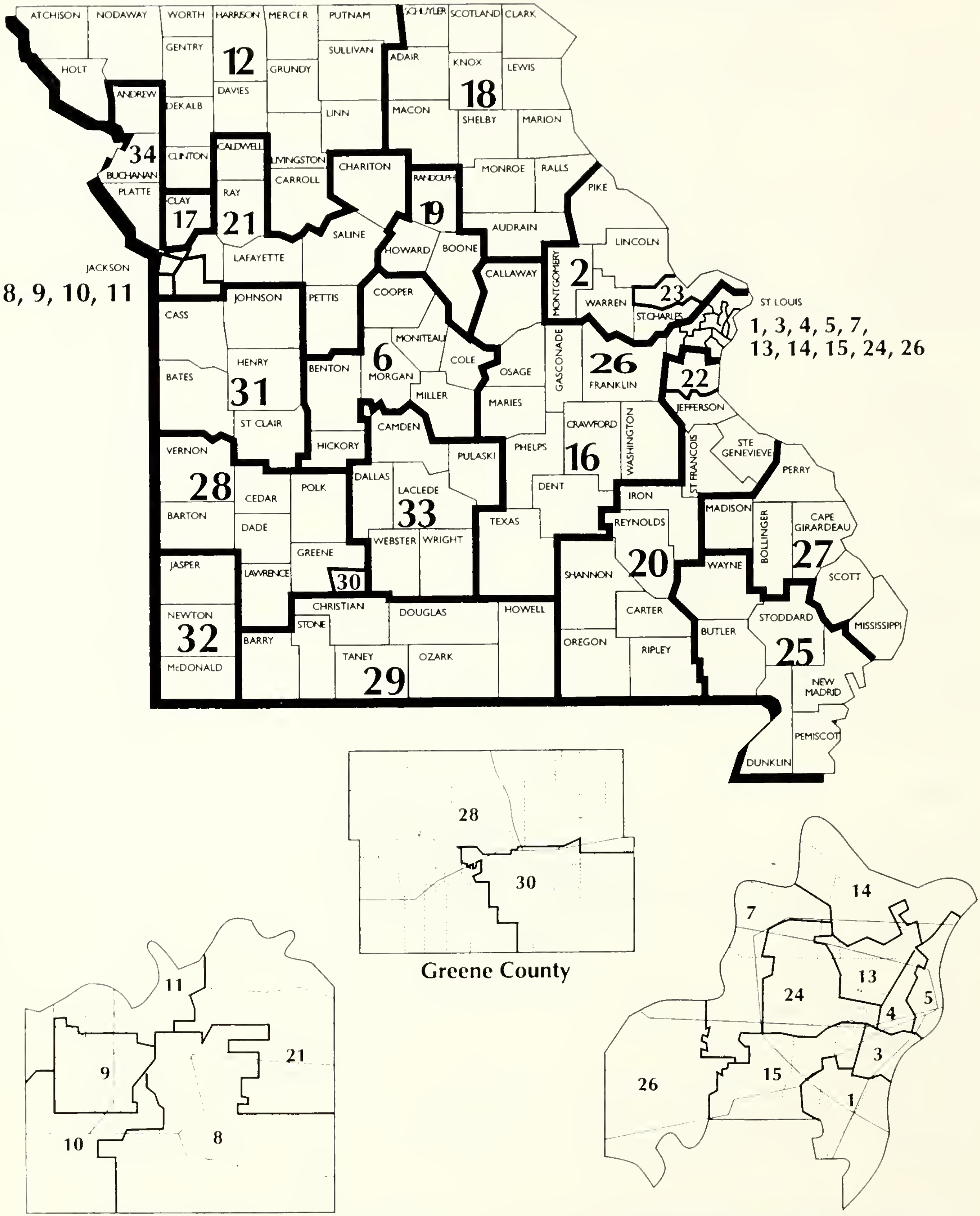
Missouri Senate
90th General Assembly First Regular Session

SENATOR	DISTRICT	ADDRESS	PHONE	ROOM
Banks, J.B. (Jet)	**5**	1442A N. Grand, St. Louis, MO 63106; 314/361-3800	**751-4650**	**319**
Bentley, Roseann	**30**	1500 E. Meadowmere, Springfield, MO 65804; 417/869-9933	**751-4145**	**421**
Bland, Mary	**9**	1632 Bushman, Kansas City, MO 64110; 816/233-4441	**751-2770**	**334**
Caskey, Harold L.	**31**	P. O. Box 45, Butler, MO 64730; 660-679-4162	**751-4116**	**320**
Childers, Doyle	**29**	P. O. Box 127, Reeds Spring, MO 65737; 417/272-8281	**751-2058**	**328**
Clay Jr., William L.	**4**	6136 Washington Ave., St. Louis, MO 63112; 314/436-6699	**751-2229**	**221**
DePasco, Ronnie	**11**	2917 Grand, Kansas City, MO 64108; 816/231-2515	**751-3074**	**321**
Ehlmann, Steve	**23**	415 N. Second St., St. Charles, MO 63301; 314/949-2323	**751-8635**	**428A**
Flotron, Francis E.	**7**	14 Arrowhead, Chesterfield, MO 63017; 314/434-2115	**751-2371**	**331**
Goode, Wayne	**13**	7231 Winchester Dr., St. Louis, MO 63121; 314/385-9010	**751-2420**	**333**
Graves, Sam	**12**	Rt. #2, Box 5, Tarkio, MO 64491; 660/736-5870	**751-3271**	**225**
House, Ted	**2**	3077 Winding River Dr., St. Charles, MO 63303; 314/447-3036	**751-8437**	**227**
Howard, J. T.	**25**	P. O. Box 279, Dexter, MO 63841; 573/624-8778	**751-3301**	**331A**
Jacob, Ken	**19**	4810 St. Charles Rd., Columbia, MO 65201; 573/442-2882	**751-2131**	**420A**
Johnson, Sidney	**34**	9970 Johnson Rd., Agency, MO 64401; 816/253-9248	**751-3750**	**332**
Kenney, Bill	**8**	2410 S.W. Hook Rd., Lee's Summit, MO 64082; 816/525-0605	**751-7050**	**427**
Kinder, Peter	**27**	635 N.W. End Blvd., Cape Girardeau, MO 63701; 573/335-6611	**751-2455**	**431**
Klarich, David	**26**	7700 Bonhomme, 7th Fl., Clayton, MO 63105; 314/727-0101	**751-1073**	**434**
Mathewson, James L.	**21**	1737 W. 10th, Sedalia, MO 65301; 660/826-7815	**751-4771**	**323**
Maxwell, Joe	**18**	210 E. Love, Mexico, MO 65265	**751-4200**	**219**
Mueller, Walt	**15**	12325 Manchester Rd., St. Louis, MO 63131; 314/966-2526	**751-3838**	**330**
Quick, Edward E.	**17**	13004 A. Hwy., Liberty, MO 64068; 816/415-0199	**751-4524**	**326**
Rohrbach, Larry	**6**	HCR 60, Box 12, California, MO 65018; 573/796-3708	**751-2780**	**433**
Russell, John T.	**33**	P. O. Box 93, Lebanon, MO 65536; 417/532-6050	**751-4166**	**419**
Schneider, John D.	**14**	3520 Tremont Dr., Florrisant, MO 63033; 314/421-2762	**751-4106**	**422**
Scott, John E.	**3**	3761 Bates, St. Louis, MO 63116; 314/481-6864	**751-3644**	**416**
Sims, Betty	**24**	18 Ladue Manor, St. Louis, MO 63124; 314/432-8488	**751-7147**	**226**
Singleton, Marvin	**32**	114 W. 32nd St., Joplin, MO 64804; 417/781-2046	**751-2306**	**426**
Staples, Danny	**20**	HCR 3, Box 18, Eminence, MO 65466; 573/226-3386	**751-3534**	**418**
Steelman, Sarah	**16**	11916 Forest Lake Dr., Rolla, MO 65401	**751-4068**	**425**
Stoll, Stephen M.	**22**	716 Richard Ave., Festus, MO 63028; 314/931-1966	**751-1492**	**429**
Westfall, Morris	**28**	4671 Hwy. H, Halfway, MO 65663; 417/326-5156	**751-3645**	**220**
Wiggins, Harry	**10**	7817 Terrace, Kansas City, MO 64114; 816/444-5718	**751-2788**	**423**
Yeckel, Anita	**1**	8819 Gladlea, St. Louis, MO 63127; 314/729-0541	**751-2887**	**329**

Missouri Senate Districts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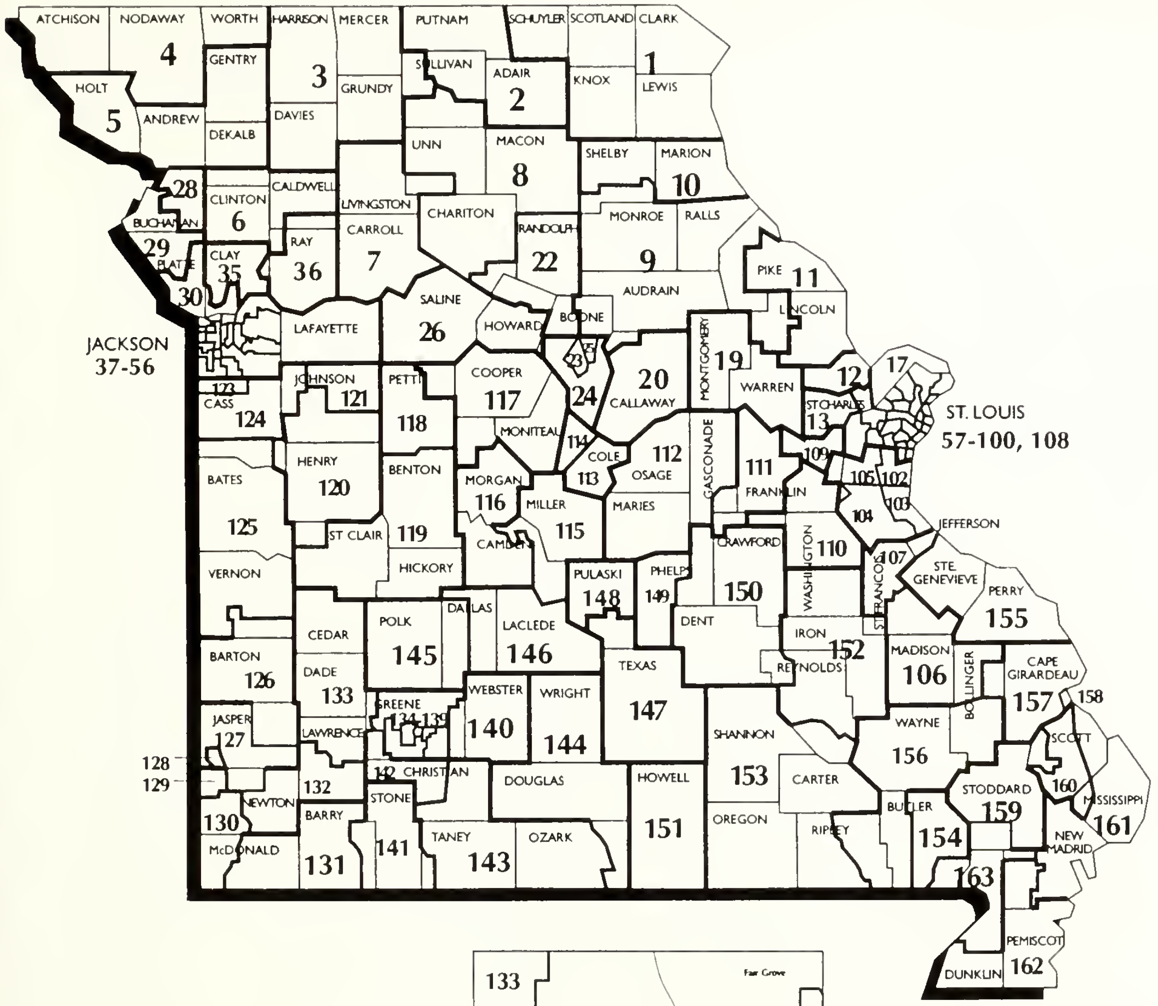
Greene County

Jackson County

St. Louis County & St. Louis City

Missouri House Districts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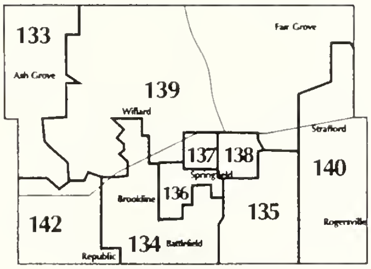
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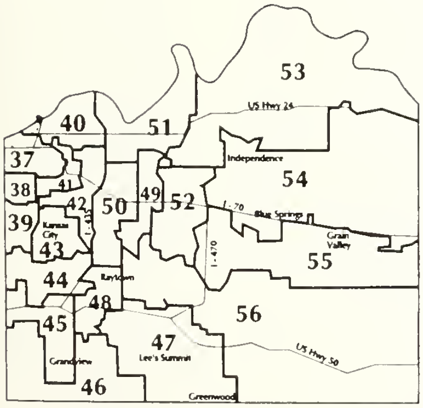
Greene County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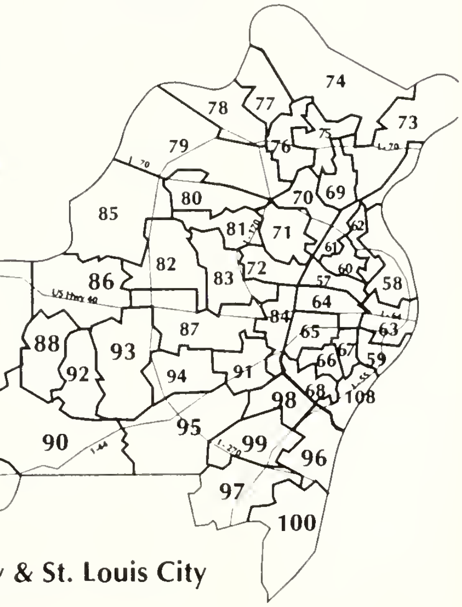
Jackson County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St. Louis County & St. Louis City

Missouri House of Representatives
90th General Assembly First Regular Session

*At the time of this printing, the House of Representatives had yet to finish making its office assignments final. In February, every MSMA member will receive MSMA's Legislative Directory with a complete listing of House and Senate member's office addresses and telephone numbers.

REPRESENTATIVE	DISTRICT	ADDRESS	PHONE	ROOM
Abel, Mark C.	103	928 Parkview, Festus, MO 63028; 314/933-3911	751-4787	410A
Akin, W. Todd	86	305 Conway Hill Rd., St. Louis, MO 63141; 314/434-7948	751-1186	115A
Alter, Bill	90	1800 Gravois, High Ridge, MO 63049; 314/677-1616	751-2732	201C
Auer, Ron	59	3120 S. Compton, St. Louis, MO 63118; 314/453-1894	751-4567	411-2
Backer, Gracia Y.	20	2885 State Rd. TT, New Bloomfield, MO 65063; 573/295-6190	751-2070	302B
Ballard, Charles	140	Rt. 4, Box 3450, Marshfield, MO 65706; 417/859-6454	751-9809	201A
Barnett, Rex	4	708 W. Lincoln, Maryville, MO 64468; 660/582-4014	751-9465	116A2
Barry, Joan	100	5050 Lampglow Ct., St. Louis, MO 63129; 314/487-1558	751-9804	304B
Bartelsmeyer, Linda	132	1668 Oak Dr., Aurora, MO 65605; 417/678-5822	751-9806	115J
Bartle, Matt	56	1600 N.E. Jade St., Lee's Summit, MO 64086; 816/305-6288	751-1464	109H
Bennett, Jon	15	1736 Lynncove Ln., St. Charles, MO 63303; 314/949-2895	751-9627	109I
Berkowitz, Sam	1	R.R. #3, Box 65, Memphis, MO 63555; 660/465-2496	751-7985	415A
Berkstresser, Judy	141	R.R. #1, Box 349B, Crane, MO 65633; 417/723-8864	751-1503	105I
Black, Lanie	161	671 N. 407th Rd., Charleston, MO 63834; 573/683-4364	751-4560	116-1
Blunt, Matt	139	P. O. Box 1426, Springfield, MO 65801; 417/833-8745	751-2948	116-3
Boatright, Matt	118	29612 Pony Path Rd., Sedalia, MO 65301; 660/826-1880	751-9774	105H
Bonner, Dennis	51	947 S. Washington, Independence, MO 64050; 816/836-3547	751-5701	409A
Boucher, Bill	48	11320 Sunnyslope Dr., Kansas City, MO 64134; 816/966-1320	751-7335	313-3
Boykins, Amber (Holly)	60	4815 Lee Ave., St. Louis, MO 63115; 314/385-6499	751-4415	110B
Bray, Joan	84	7120 Washington Ave., St. Louis, MO 63130; 314/725-7867	751-2514	412A
Britt, Phillip	163	P. O. Box 805, Kennett, MO 63857; 573/717-1544	751-8591	130DC
Burton, Gary L.	128	1101D S. Willard, Joplin, MO 64801; 417/623-6400	751-7082	201G
Campbell, Marsha	39	6318 Moringside Dr., Kansas City, MO 64113; 816/363-8474	751-4485	405B
Carter, Paula J.	61	5936 Summit, St. Louis, MO 63147; 314/382-2900	751-6500	315
Champion, Norma	134	3609 S. Broadway, Springfield, MO 65807; 417/881-5304	751-2583	105A
Chrismer, Rich	16	25 Barkwood Trl., St. Peters, MO 63376; 314/441-3937	751-2949	101I
Cierpiot, Connie J.	52	15403 E. 44th St., Independence, MO 64055; 816/373-8935	751-9759	135AA
Clayton, Robert	10	P. O. Box 1032, Hannibal, MO 63401; 573/221-7333	751-9614	114C
Crawford, Larry	117	54731 Bird Haven Rd., Centertown, MO 65023; 573/796-2023	751-2134	115I
Crump, Wayne F.	152	606 Pine St., Potosi, MO 63664; 573/438-3418	751-2101	309
Curls, Melba	41	3832 Myrtle, Kansas City, MO 64128; 816/474-3751	751-3158	235BA
Davis, D. J.	122	204 N. Connor, Odessa, MO 64076; 816/230-5224	751-1500	406A
Davis, Dorathea	63	2017 Menard, St. Louis, MO 63104; 314/773-4770	751-2606	235
Days, Rita D.	71	3083 Bellerive Dr., St. Louis, MO 63121; 314/385-0447	751-4468	313
Dolan, Jon	13	#3 Rudder Ct., Lake St. Louis, MO 63367; 314/947-1515	751-4964	135BC
Dougherty, Patrick	67	4031 Parker Ave., St. Louis, MO 63116; 314/772-1948	751-3599	205
Elliott, T. Mark	127	2 S. Main, Webb City, MO 64870; 417/673-8464	751-5458	201B
Enz, Catherine S.	99	10018 St. Simon Ct., St. Louis, MO 63123; 314/842-4418	751-9768	135AB
Evans, Brent	92	126 Holloway Rd., Manchester, MO 63011; 314/621-5005	751-9765	105J
Farnen, Ted	21	13 Wonneman Cir., Mexico, MO 65265; 573/581-1000	751-9458	407A
Fitzwater, Rodger	36	49791 136th St., Norborne, MO 64668; 660/484-3500	751-9757	400CA
Foley, James Michael	81	3274 Adie Rd., St. Ann, MO 63074; 314/426-7675	751-0855	310
Ford, Louis H.	58	3229 N. 20th St., St. Louis, MO 63107; 314/241-1626	751-2383	402
Foster, Bill I.	156	R.R. #9, Box 252-1, Poplar Bluff, MO 63901; 573/785-3586	751-3859	203C
Franklin, Richard	53	18005 Cheyenne, Independence, MO 64056; 816/796-3088	751-6535	306
Fraser, Barbara	83	581 Stratford Ave., St. Louis, MO 63130; 314/725-8683	751-4163	130DB

Froelker, James V.	111	7437 Hwy. H, Gerald, MO 63037; 573/764-2658	751-6668	109B
Gambaro, Derio	65	5320 Wilson Ave., St. Louis, MO 63110; 314/773-1980	751-4220	236B
Gaskill, Sam	131	HCR 79, Box 345, Washburn, MO 65772; 417/435-2304	751-9801	102BA
Gaw, Steve	22	P. O. Box 314, Moberly, MO 65270; 660/263-9000	751-2700	308
George, Tom	74	3594 Monsols Dr., Florissant, MO 63034; 314/838-4571	751-2135	406B
Gibbons, Michael R.	94	651 Pearl Ave., Kirkwood, MO 63122; 314/821-4616	751-2853	107
Graham, Chuck	24	102 W. Green Mdws., Columbia, MO 65203; 573/442-0427	751-2162	111
Graham, Jim	106	3800 Hwy. E, Fredericktown, MO 63645; 573/783-7707	751-3455	105B
Gratz, William (Bill)	113	2315 Rt. M, Jefferson City, MO 65101; 573/635-4168	751-0665	206C
Green, Timothy P.	73	12100 Aragan, St. Louis, MO 63138; 314/653-9376	751-6845	408A
Griesheimer, John E.	109	33 Oxford Dr., Washington, MO 63090; 314/239-2521	751-3678	106A
Gross, Charles	18	3019 Westborough Ct., St. Charles, MO 63301; 314/947-7893	751-1141	201D
Gunn, Russell	70	7309 Natural Bridge, #201, St. Louis, MO 63121; 314/382-1331	751-4726	135
Hagan-Harrell, Mary	75	100 Florwood Ct., Ferguson, MO 63135; 314/521-5555	751-5836	316
Hampton, Mark	147	HCR 67, P.O. Box 108, Summersville, MO 65571; 417/932-4423	751-4804	415B
Hanaway, Catherine	87	12325 Manchester Rd., Des Peres 63131; 314/821-2040	751-8510	103BA
Harlan, Tim	23	511 S. Glenwood Ave., Columbia, MO 65203; 573/874-2402	751-9753	400CC
Hartzler, Ed	123	303 Manor Ct., Belton, MO 64012; 816/331-0090	751-2175	115D
Hartzler, Vicky	124	22804 E. 299th St., Harrisonville, MO 64701; 816/884-5297	751-9780	115F
Hegeman, Daniel J.	5	18739 County Rd. 294, Cosby, MO 64436; 816/662-2645	751-0246	101D
Hendrickson, Carl	97	4661 Markton Dr., St. Louis, MO 63128; 314/894-9753	751-9766	101G
Hickey, John	80	11743 Laux, Bridgeton, MO 63044; 314/298-8370	751-4670	317B
Hilgemann, Robert	64	4131 Blaine Ave., St. Louis, MO 63110; 314/771-4718	751-1400	114B
Hohulin, Martin (Bubs)	126	360 N.W. 20th Rd., Lamar, MO 64759; 800/878-7126	751-2165	101C
Holand, Roy	135	1840 E. Vincent, Springfield, MO 65804; 417/887-2937	751-2210	101F
Hollingsworth, Katherine	101	872 Country Glen, Imperial, MO 63052; 314/464-9193	751-1311	235BA
Hoppe, Thomas	46	12316 Charlotte, Kansas City, MO 64146; 816/561-2067	751-9469	403A
Hosmer, Craig	138	657 S. Weller, Springfield, MO 65802; 417/869-0581	751-9474	404B
Howerton, Jim	120	535 N.W. 1250, Chilhowee, MO 64733; 660/885-3825	751-1484	105E
Kasten, Mary C.	158	1209 Sailor Cir., Cape Girardeau, MO 63701; 314/334-3111	751-2459	200B
Kelley, Pat	47	3924 S.W. Windsong Dr., Lee's Summit, MO 64082; 816/254-5116	751-1456	109A
Kelly, Glenda	27	3415 N. 3rd St., St. Joseph, MO 64505; 816/233-2614	751-9755	207
Kennedy, Harry	66	4959 Sutherland, St. Louis, MO 63109; 314/481-5857	751-2126	114A
King, Jerry	125	Rt. #4, Box 416, Butler, MO 64730; 660/679-4669	751-5388	109D
Kissell, Don	17	408 Sutters Mill, St. Peters, MO 63376; 314/990-9099	751-9628	408B
Klindt, David	3	32559 E. 280th Ave., Bethany, MO 64424; 660/425-6876	751-1415	116-4
Koller, Don	153	P. O. Box 135, Summersville, MO 65571; 417/932-4304	751-2112	413A
Kreider, Jim	142	P. O. Box 1980, Nixa, MO 65714; 417/443-3006	751-2956	301
Lakin, Scott	33	6020 N. Chelsea, Kansas City, MO 64119; 913/338-2525	751-6600	206B
Lawson, Maurice	29	3709 Christie Ln., St. Joseph, MO 64504; 816/238-6585	751-9460	207A
Leake, Sam	9	49347 Garden Grove Ln., Center, MO 63436; 573/267-3231	751-7852	311
Legan, Kenneth	145	1901 E. 487th Rd., Halfway, MO 65663; 417/445-2241	751-3819	200A
Levin, David	82	11208 Sherwood Oak Ct., St. Louis, MO 63146; 314/432-6502	751-9762	135BA
Liese, Chris	85	12230 Foxpoint Dr., Maryland Heights, MO 63043; 314/878-4787	751-1832	411B
Linton, William C.	89	17339 Cougar Trl., Wildwood, MO 63040; 314/458-0736	751-1247	201BA
Lograsso, Don	54	404 N.E. Stonewall Dr., Blue Springs, MO 64014; 816/229-4020	751-1487	105G
Long, Elizabeth L.	146	22975 Oneida Dr., Lebanon, MO 65536; 417/532-6946	751-4451	201E
Loudon, John	88	221 Pleasant Grove Ln., Ballwin, MO 63011; 314/623-6012	751-9763	115G
Luetkemeyer, Blaine	115	P. O. Box 147, St. Elizabeth, MO 65075; 573/493-2395	751-2077	109G
Luetkenhaus, Bill	12	742 Hancock Rd., Josephville, MO 63385; 314/327-6539	751-2176	233A
Marble, Gary	130	1616 Ridgewood Rd., Neosho, MO 64850; 417/455-5200	751-9781	135AC
May, Brian H.	108	5816 Pennsylvania, St. Louis, MO 63111; 314/621-4500	751-0438	112
Mays, Carol Jean	50	3603 Hedges, Independence, MO 64052; 816/252-0900	751-7639	206A
McBride, Jerry E.	149	P. O. Box 292, Edgar Springs, MO 65462; 573/435-6639	751-4950	302A
McClelland, Emmy L.	91	455 Pasadena, Webster Groves, MO 63119; 314/962-1796	751-1285	115C
McKenna, Ryan	102	6969 Dippel Ln., Barnhart, MO 63012; 314/461-1998	751-2504	305A
McLuckie, Steve	44	P. O. Box 8498, Kansas City, MO 64131; 816/822-4464	751-2437	412B
Merideth, Denny J., III	162	R. #1, Box 259, Caruthersville, MO 63830; 573/333-4529	751-2264	200BC
Miller, Ronnie	133	623 Morgan Dr., P.O. Box 5, Stockton, MO 65785; 417/276-3343	751-1347	115H

Monaco, Ralph	49	7013 Englewood, Raytown, MO 64133; 816/333-9600	751-9851	405A
Murphy, Jim	95	9314 Cordoba Ln., Crestwood, MO 63126; 314/849-5914	751-2150	109C
Murray, Dana L.	69	2422 Mary, Jennings, MO 63136; 314/388-0417	751-5538	313-2
Myers, Peter	160	519 Tanglewood, Sikeston, MO 63801; 573/471-3700	751-5471	109E
Naeger, Patrick A.	155	700 Feltz, Perryville, MO 63775; 573/547-4526	751-9812	103BC
Nordwald, Charles	19	#20 Hawthorne, Warrenton, MO 63383; 314/456-8068	751-2689	105D
O'Connor, Patrick	79	4413 Claremont, Bridgeton, MO 63044; 314/298-7418	751-2726	317A
O'Toole, James P.	68	5445 Finkman, St. Louis, MO 63109; 314/353-0864	751-2251	303B
Ostmann, Cindy	14	445 Knaust Rd., St. Peters, MO 63376; 314/240-5376	751-2250	115E
Overschmidt, Francis S.	110	151 N. Outer Rd., Union, MO 63084; 314/583-5591	751-2398	403B
Parker, Kelly	150	#3 Amber Trl., Salem, MO 65560; 573/729-3127	751-2108	304A
Patek, Jewell	7	P. O. Box 55, Chillicothe, MO 64601; 660/707-0077	751-2917	116-2
Phillips, Susan	32	7713 N. Lucerne Ct., Kansas City, MO 64151; 816/587-3379	751-2071	109G
Pouche, Fred	30	10015 N.W. Mirror Lake Dr., Kansas City, MO 64152; 816/741-6537	751-9756	116-5
Pryor, Charles R.	116	410 W. Newton, Versailles, MO 65084; 573/378-6347	751-4119	101J
Purgason, Chuck	151	2680 Rd. 7360, Caulfield, MO 65626; 417/284-3332	751-1882	109F
Ransdall, Bill	148	503 Wildwood Ln., Waynesville, MO 65583; 573/341-3838	751-1727	410B
Reid, Michael J.	78	759 Carriage Ln., Hazelwood, MO 63042; 314/895-6221	751-5365	135BB
Reinhart, Annie	34	617 Lancelot, Liberty, MO 64068; 816/781-2919	751-1218	116A1
Relford, Randall	6	504 Country Club Sq., Cameron, MO 64429; 816/632-7414	751-9818	234
Reynolds, David L.	77	1325 Verlene Dr., Florissant, MO 63031; 314/839-2272	751-9761	411A
Richardson, Mark L.	154	P. O. Box 310, Poplar Bluff, MO 63901; 573/785-4608	751-4039	201CA
Ridgeway, Luann	35	19405 Platte Co. Line Rd., Smithville, MO 64089; 816/781-6000	751-2238	105F
Riley, Terry	43	5821 BelleFontaine, Kansas City, MO 64131; 816/363-2912	751-2124	130DA
Rizzo, Henry C.	40	575 Harrison, Kansas City, MO 64106; 816/833-4700	751-3310	413B
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Sallee, Mary Lou	144	P. O. Box 128, Ava, MO 65608; 417/683-2203	751-2205	101H
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Secrest, Patricia K.	93	723 Country Heights Ct., Manchester, MO 63021; 314/821-2040	751-4392	101A
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Wright, Mark	137	1890 N. Grant, Springfield, MO 65803; 417/832-1151	751-6562	101K

Members In The News

Dr. Patricia L. Barker, Hannibal, has received a three-year appointment as cancer liaison physician for Hannibal Regional Hospital's Cancer Program. Dr. Barker is among a national network of more than 1,800 volunteer cancer liaison physicians who provide leadership and support to the Approval Program and Commission on Cancer Activities.

Lester Bryant, MD, Columbia, was recently published in the Daily Tribune. Dr. Bryant's article "An Unbeatable Team" focused on patient-physician coalitions ensuring fair, effective care.

Dr. Wallace Carpenter, Rock Port, has been nominated for the country doctor of the year. The annual Country Doctor of the Year Award, sponsored by Staff Care, Inc., recognizes rural physicians and their tireless devotion to both community and profession. Dr. Carpenter was selected from 538 nominations.

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AMA Physician's Recognition Award

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Robert R. Conway, MD, Columbia, presented "Radiologic Evaluation of the Patient with Cervical Spine Injury" at the University of Missouri - Columbia .

Richard J. Gimpelson, MD, President of St. Louis Metropolitan Medical Society, recently presented **Arturo Montes, MD,** a service award for 14 years of services as 3rd District Councilor of MSMA.

Steve M. Gnatz, MD, Columbia, presented "Acute Rehab-What Is It and What Can It Do For Me?" at the University of Missouri Health Sciences Center.

Craig Holzem, MD, Washington, was among medical professionals and lay people on a mission trip to Belize. While in Belize, the group provided care for both medical and dental needs for hundreds of people.

A paper entitled "Filiform-Guide Wire: Safe and Effective Urethral Stricture Dilation," by **S. D. Madduri**, Poplar Bluff, was accepted for presentation at the 78th Annual Meeting of the American Urological Association held in New Mexico.

Jay F. Piccirillo, MD, St. Louis, associate professor of otolaryngology and head and neck surgery at Washington University School of Medicine in St. Louis, has received a one-year $98,000 grant from the Longer Life Foundation. The grant will allow Piccirillo to creat an interactive, computer program for adults and recently diagnosed cancers to estimate their life expectancy when their other medical conditions and other factors are considered.

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Ryder, Jeffrey A.
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Smith, Dennis E.
Southwell, James L.
Spengel, Ken C.
Stasik, Christopher J.
Taylor, Natalie E.
Thieshoughton, Karen M.
Tluczek, Heather M.
Truong, Thomas N.
Vandenberg, Kathryn C.
Warren, Andrea P.
Will, Joshua S.
Wright, Alisha R.
Zitton, Laura K.

In Memoriam

Louis V. Avioli, MD,
St. Louis,
died November 21, 1999.
Dr. Avioli was an internist and a member of the Missouri State Medical Association.

Joseph Gardner, MD,
Glasgow,
died October 22, 1999.
Dr. Gardner was a general practitioner and a member of the Missouri State Medical Association.

Richard Sutter, MD,
St. Louis,
died November 15, 1999.
He practiced occupational medicine and was a member of the Missouri State Medical Association.

John L. Winnacker, MD,
Columbia,
died November 12, 1999.
He was an internist and a member of the Missouri State Medical Association.

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14 & 15 - ***St. Louis:*** **ATLS Provider.** Call St. Louis University CME 314-577-8167.

16 - ***St. Louis:*** **ATLS Instructor.** Call St. Louis University CME 314-577-8167.

24 thru 28 - ***St. Louis:*** **Medicolegal Death Investigator.** Call St. Louis University CME 314-577-8167.

FEBRUARY

11 thru 13 - ***St. Louis:*** **Microsurgery for Degenerative Cervical and Lumbar Spine.** Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

21 - ***St. Louis:*** **Reengineering Radiology: Lessons Learned.** Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

24 thru 26 - ***St. Louis:*** **8th Annual Refresher Course & Update in General Surgery.** Call Washington University 800-325-9862.

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13 - ***St. Louis:*** **Oncology Imaging: A New Era.** Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

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6 thru 8 - ***St. Louis:*** **Surgical Approaches to the Skull Base.** 25 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

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1 - ***St. Louis:*** **Pancreatic MRI: Virtues and Limitations.** Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

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14 thru 17 - ***St. Louis:*** **Summer Geriatric Institute.** Call St. Louis University CME 314-577-8167.

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18 thru 20 - ***St. Louis:*** **Cervical Spine Decompression and Stabilization.** 18 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

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5 thru 7 - ***St. Louis:*** **Sellar and Parasellar Pituitary Tumors.** 19 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

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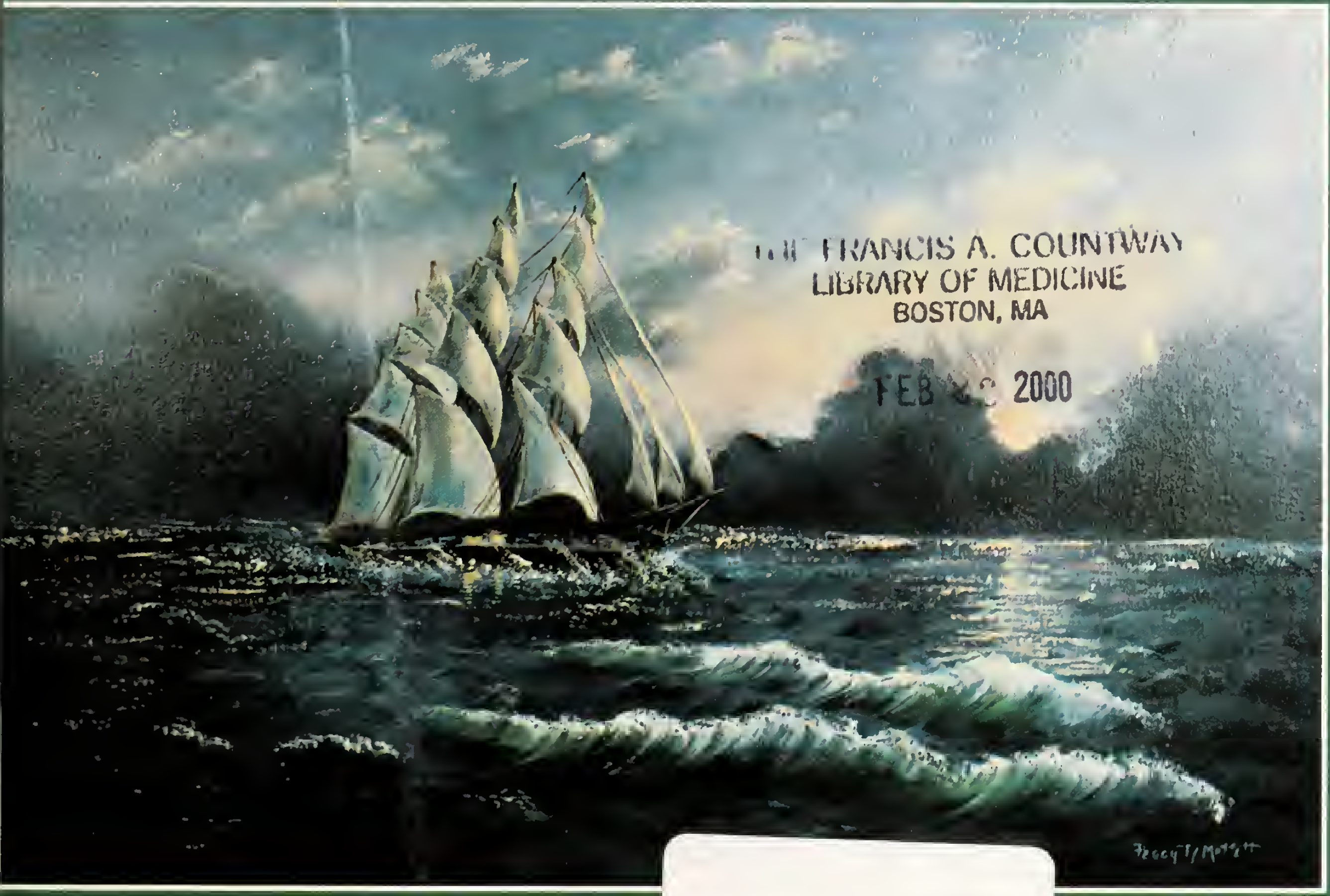

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On the Cover: "Break in the Storm" - by Peggy Moffett. This oil on canvas painting came to us from Ms. Moffett's studio located in Boliver, Missouri.

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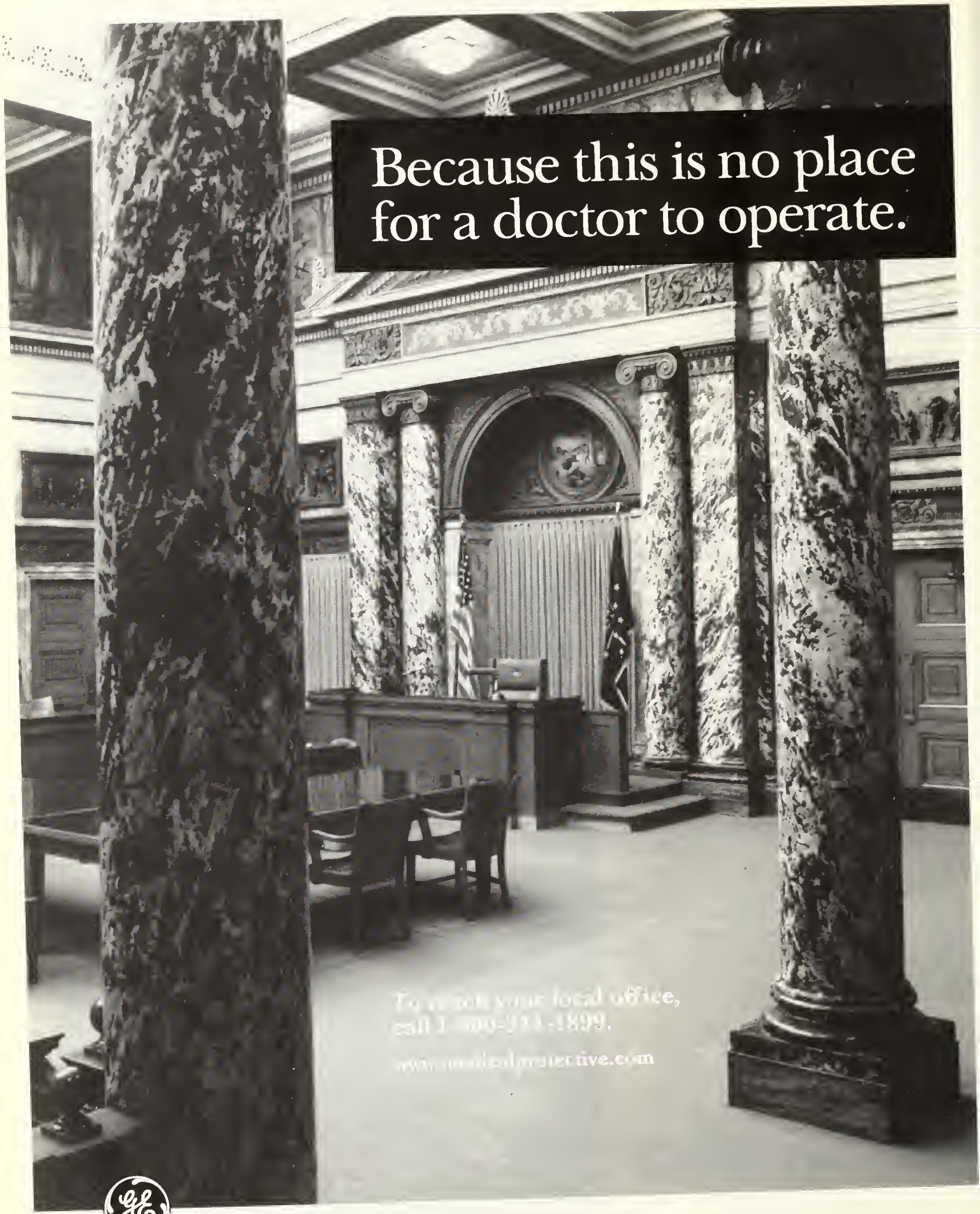
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Physicians and Genetically Modified Crops

J. Regan Thomas, MD

Although I grew up on a farm, I left behind my concerns and interests about crops and agricultural issues long ago. In recent months however, there have been issues occurring in the field of agri-science that could spill over into medical science. Throughout Europe there have been ongoing protests regarding genetically modified crops. A segment of the recent protests against the World Trade Organization meeting in Seattle recently was made up by groups concerned about genetically modified products. Already these concerns have had significant impact financially on some major corporations including Missouri based Monsanto Company that (along with DuPont) have invested in development of the biotechnology of genetically modified seeds. Quite simply many European farmers will not buy their seeds because of consumer concerns about food from those sources. In this country, several food makers like Gerber Baby Food Company and Heinz Company are trying to avoid using genetically modified sources for their products. Politically there is a reaction to these concerns also. The European Union (EU) has laws which require labeling of foods containing genetically modified ingredients. In the US, the FDA is now exploring a similar labeling issue and there has been some congressional discussion as well. Activist groups such as Greenpeace have taken up the issue. These groups are concerned that unintended or unforeseen actions of a modified gene may occur if the genome is altered. There may be human health consequences related to these foods.

> As physicians and scientists we must be part of the process.

Those of us who are not in rural areas may not realize how much this impacts American agriculture. According to the journal *Science*, 38% of soybeans planted, 42% of canola and 45% of cotton seed crops are genetically modified. Over 25% of planted corn was bioengineered last year. Recently there was an accusation that such corn could have a lethal effect on Monarch butterflies.

Defenders of the process point out that there is presently no scientific evidence to warrant the concerns. They argue that so-called "non-bioengineered" foods have been the result of genetic manipulation for years. Livestock has been bred to give more milk or produce more or leaner meat all by "natural" manipulation. Many grain crops, for example, have been cultivated and pollinated to alter its characteristics for many years. Proponents say modern techniques of genetic manipulation and splicing can not only increase yields or characteristics, but can for example, make products more pest resistant and avoid the use of chemical pesticides.

Although this controversy has mainly impacted the public health issues from the perspective of nutrition and dietary concerns, other areas potentially could be affected. Many medications are developed through genetic means including antibiotics and certain vaccines. A recent overview in *JAMA* (JAMA; vol. 283; Jan 2000; pg. 188-190) gives an excellent review of the controversy. As physicians and scientists we must be part of the process. We should closely analyze the information in a scientific fashion and not simply in an emotional reaction. We should help insure that the positive benefits to the public health are balanced with the concerns of negative health risks. We need to demand that the discussion is based on valid scientific research and not misinformation or emotionalism. **MoMed**

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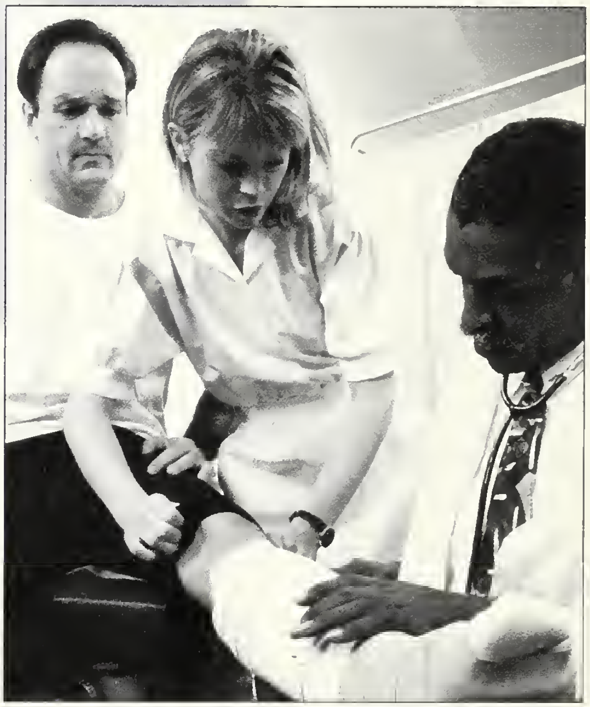

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Trojan Horse, Hobson's Choice, Pyrrhic Victory and Other Thoughts

Ed Masters, MD

At the recent November MSMA council meeting there was considerable talk about the recent announcement by a major HMO that it would limit its micromanagement review process and allow doctors the authority to make medical treatment decisions. Even lauded by the AMA, this announcement seemed a great victory for both patients and doctors. It was definitely a public relations home run, as the media treated the HMO as if it were Sir Gallahad championing patients' access to care.

> *If you were looking for a compelling reason to belong to and support your MSMA and organized medicine, look no further.*

I would agree the decision is a step in the right direction. However, the concern is this HMO "gift" is a Trojan horse. Suspiciously, this announcement came as the U.S. House of Representatives voted for the Patients' Bill of Rights, which if it becomes law, will hold HMOs accountable for medical decisions and enhance patients' right to sue. Thus, the belly of this HMO gift horse is filled with liability. I can accept that as doctors already have considerable liability and any reduction in the "hassle factor" is desirable.

However, my paramount concern is whether doctors will have true freedom to decide treatment that is in the patient's best interests, or will we have a "Hobson's choice." In the 1600's, Thomas Hobson, of Cambridge, England, owned livery stables and rented horses in strict order according to their position near the door. You took the next horse offered, or none at all. Thus, "Hobson's choice" evolved to be synonymous with "no choice." This is germane to HMOs and doctors because of the looming possibility of pervasive "economic credentialing." Just as they had the right to choose the horse Hobson was going to give them anyway, some fear HMOs may allow doctors to make choices - as long as the HMOs approve and would have made the same choices. If a doctor makes too many bad (read expensive) choices, will there come a time when the HMO will "decredential" him? Being decredentialed is a euphemism for being fired. None of us object to quality review, but economic review and quality review are not necessarily tantamount. That is our concern for the future.

Being allowed to choose as long as one makes cheap decisions is not freedom of choice. Your MSMA is staunchly opposed to the economic credentialing of physicians. If this were to occur, your "right to choose care" victory would truly be pyrrhic. Possibly putting doctors on the horns of this dilemma, i.e. having to choose continued employment versus possible appropriate but expensive patient care is disturbing, to put it mildly. Hopefully, this will not happen, but many believe this, to some degree, is very likely. If you were looking for a compelling reason to belong to and support your MSMA and organized medicine, look no further. MoMed

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1850-2000 MSMA Sesquicentennial

PROTECTING THE HEALTH OF MISSOURIANS FOR 150 YEARS

House of Delegates Meeting Schedule

Notice to:
Delegates, Alternate Delegates, Officials of the Missouri State Medical Association, Component Medical Societies and Specialty Societies

SESSIONS OF THE HOUSE OF DELEGATES

willl convene at
Westin Crown Center Hotel, Kansas City, Missouri, at the following times:

THURSDAY, APRIL 6, 2000 - 2:00-4:00 PM
FRIDAY, APRIL 7, 2000 - 4:00-6:00 PM
SUNDAY, APRIL 9, 2000 - 7:30 AM

A member of the Credentials Committee will be present at the Meeting Registration Desk on Thursday, April 6 from 7:00 am - 4:00 pm, Friday, April 7 from 6:30 am - 5:00 pm, and Sunday, April 9 from 7:00 - 7:30 am.

Delegates must bring their Credential Cards for presentation at the Registration Desk.
Delegates must wear their badges to be seated in the House of Delegates.

REFERENCE COMMITTEE MEETINGS

are scheduled to begin:

THURSDAY, APRIL 6, 2000 - 4:00 PM

Lyme Disease Controversy

Dear Dr. Thomas:

As readers of *Missouri Medicine* know, a controversy has emerged in Missouri over the existence, clinical significance, and management of the large (≥ 5 cm) erythematous patch that occurs in some patients following a bite by a Missouri tick. One group - composed primarily of primary care physicians, vigorously maintains that these rashes demonstrate the existence of Lyme Disease in Missouri. Another group - composed primarily of academicians - maintains just as vigorously that Lyme Disease does not exist in Missouri. As a result, patients with signs or symptoms suggestive of Lyme Disease will encounter a wide variety of clinical responses when seen by Missouri physicians.

How do we resolve this public health issue?

We could consider this conundrum to be a marvelous opportunity for proponents and skeptics to join forces to resolve an issue of mutual concern through rigorous scientific investigation. The Board of Governors of 'Emergency Infections in Central States' (EICS) proudly announced that we have begun this effort.

We founded EICS on September 24th, 1999 when a group of primary care physicians, academic physicians, scientists, public health officials, and patient representatives met at the University of Missouri in Columbia to discuss this issue. We designed EICS to function as a cooperative, multi-center, multi-disciplinary, basic science and primary care "clinical trials" diagnosis and treatment of rare and emerging infectious diseases. While the Lyme Disease controversy prompted the formation of this group, we expect to use this organization to also gather information about other emerging infectious diseases of regional concern, like ehrlichiosis, babesiosis, Human Herpes Virus 6, and Hantavirus.

We believe we have established a novel and exciting organization. We invite all interested health care professional to join this effort.

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A Convention to Attend:

MSMA's Sesquicentennial Convention

Experience the Past - Face the Future

A Celebration of 150 Years - Waiting for You!

This year's Convention - April 6-9 at the Westin Crown Center in Kansas City - is a true cause for celebration! Experience medical exhibits from Missouri's history and enjoy a President's Inauguration Celebration with entertainment, music, food, and refreshments honoring incoming MSMA President Gordon Goldman, MD, St. Louis, and Alliance President Mary Ann Duff, Springfield.

Convention Highlights:

Special Guests

AMA President-Elect Randolph Smoak, MD, will address the House of Delegates, Thursday, April 6. Dr. Smoak is a surgeon from Orangeburg, South Carolina, who has been on the AMA Board of Trustees since 1992.

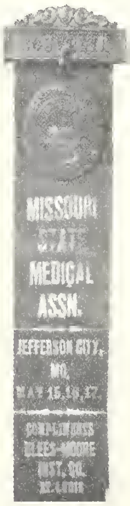
Exciting General Sessions

- Election 2000: Candidate Forum
- Educating Physicians About End-of-life Care (EPEC) Project
- EMTALA Regulations (Emergency Medical Treatment and Active Labor Act)
- Doctor-Patient Communications
- Physician Negotiations
- Issues with AMA President-Elect

Alliance Celebration

"75 Years of Caring" is the theme for the MSMA Alliance's Diamond Jubilee year. Alliance members take great pride in commemorating their partnership with the MSMA, which began in 1924 when the MSMA Auxiliary was formed.

Two Historical Convention Souvenirs



- Attendees will receive a commemorative medal to pin on their lapel, reminiscent of attendance ribbons worn at conventions from yesteryear, like the one at right from 1906, found in an antique store by a MSMA member.

- ONLY guests who attend the President's Inauguration Celebration on Saturday night will receive a 64-page "History of Missouri State Medical Association" compiled by physician members outlining the last 150 years.

President's Inauguration Celebration

Saturday, April 8, 6:30 p.m.

Celebrate with MSMA's incoming President, Gordon Goldman, MD, as he leads an evening exciting vaudeville and spectacular entertainment including:

- Very Heavy Hors d'oeuvres
- Refreshments
- Music
- Palm Readers
- Magicians
- Caricature Drawing
- Handwriting Analysis

Be sure to attend!

AMA at Work

William Dorzab, MD

Last December I, and the remainder of Missouri's Delegation to the American Medical Association House of Delegates (HOD), attended the Interim Meeting of the AMA in San Diego. Concerned physicians often ask about the activities and effectiveness of organized medicine. I wish every physician would have the opportunity to witness, first-hand, the work of organized medicine at this, its highest level.

Many physicians may not have thought through the entire process. We often focus on the end result: Some specific action on behalf of physicians and their patients. But before action can occur, we need to decide what to do and how to do it.

In order to begin to decide what to do, AMA Delegates submit individual items of business for discussion in the HOD. These "resolutions" are constructed in a way to provide helpful background information and to either direct a specific action or to recommend the adoption of some policy position that would enable and guide future AMA action(s). The casual observer might think some action is a "no brainer." Unfortunately, it is usually not that simple. Conflicting points of view are almost always held by different Delegates. They need vigorous debate. Often, potentially serious, unintended consequences, overlooked by the author, require fine-tuning of a resolution's language.

After the HOD establishes a policy or action for the AMA, it remains necessary to detail how to go forward. This is analogous to a governmental agency writing regulations to implement a law, passed by the legislature. If the proposed action is straightforward, the HOD might simply delegate the authority for design and implementation to the AMA Board of Trustees or Staff, subject to retrospective review. Generally, however, the HOD will review, amend and approve the planned action before implementation. This will be possible when there is no need to rush the process. HOD review requires a six-month delay until the next semiannual meeting. Under this scenario, the Board of Trustees may refer the matter to one of the Councils for study and the generation of a report to the HOD. Such reports often have conclusions and/or recommendations, that, when adopted by the HOD at the next meeting, become a more refined and studied "road map" for going forward on the issue introduced in the original resolution(s).

An average meeting of the HOD subjects 300-400 individual pieces of business to this process. To better understand how all this works in practice, consider one of the most important issues facing physicians and patients today: The impact of managed care on the physician-patient relationship.

As physicians experienced managed care's intrusions, AMA Delegates responded with countless resolutions over the years. After adoption those resolutions created a body of AMA Policy that can be drawn upon, referred to and used by interested parties, groups and organizations, considering what responses they might make when they encounter manged care difficulties.

Last December the AMA Council on Medical Services used those policies in the generation of its Report 7 - Interim - 99 to the HOD, entitled "Socioeconomic Factors Influencing the Patient-Physician Relationship." This Report is a seven-page, scholarly examination of the patient-physician relationship. It outlines the rights patients should expect in that relationship, common transgressions against those rights and recommendations for action. One recommendation is to proceed with the AMA policy to advocate individually owned health insurance. The Council on Medical Services believes individual ownership would largely remove current payers from their destructive position between physicians and their patients.

MoMed

For more information about the last AMA HOD Meeting or to see all of Report 7, go to the AMA Website (it can be reached through our Website, www.msma.org) or call the MSMA office in Jefferson City.

Day at the Legislature

& Mid-Winter Board Meeting

Tuesday, February 29 ◆ Wednesday, March 1, 2000 ◆ Jefferson City, Missouri

---

Tuesday, February 29

10:30 a.m.	Mid-Winter Board Meeting - Capitol Plaza Hotel; luncheon served
1:00 p.m.	Deliver apple invitations to legislators
2:30 p.m.	Legislative workshop - Speaker TBA
6:30 p.m.	Dinner - Jefferson City Country Club MSMA Lobbyist Tom Holloway will present current legislative issues

Wednesday, March 1

7:30 a.m.	Meet at Capitol Building, lower level
8:00 a.m.	Legislators arrive, coffee and rolls provided - *You bring the conversation.*
10:00 a.m.	Observe sessions in the House and Senate or visit your legislator's office
11:00 a.m.	Luncheon at Governor's Mansion
1:30 p.m.	Missouri Supreme Court Tour

Register Now! Event deadline is February 16, 2000

Seating is limited to 60 at the Governor's Mansion.

ALLIANCE DAY AT THE LEGISLATURE

Registration

Name ______________________________

Address ______________________________

City/State/Zip ______________________________

County/Alliance ______________________________

List names of legislators you will personally invite: ______________________________

____

Fees (Check all you will be attending)

_____	Mid-Winter Board Meeting Luncheon	$16
_____	Jefferson City Country Club Dinner	$26
_____	Governor's Mansion Luncheon	$18
	Total Package Registration	$60

Make check payable to MSMAA. Complete form and send with appropriate fee to: Joan H'Doubler.
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PLEASE NOTE:
Deadline for hotel reservations is Jan. 31, 2000. Make them directly with Capitol Plaza at 573-635-1234. Room rate is $76. After Jan. 31, room availability cannot be guaranteed.

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County President-Elect ______

Past State President ______
Delegate ______
Alternate Delegate ______
Member-at-Large ______
Guest ______

Event	Cost per person	Number Attending	Total Cost
AMA Foundation Benefit Friday, April 7, 2000, 7:30 PM (formerly AMA-ERF)	$65.00		

Make check payable to: AMA-Foundation (please designate the medical school and fund)
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Location (City and State)____
Medical Excellence Fund___________ Medical Student Assistance Fund___________

Event	Cost per person	Number Attending	Total Cost
An Evening of KC Hospitality (Dutch Treat Dinner) Thursday, April 6, 2000 7:00 PM, Golden Ox	$35.00	_____KC Strip Steak _____Smoked Pork Chop _____Grilled Salmon	
Alliance Awards Luncheon Friday, April 7, 2000 12:45 PM	$26.00		
Installation Luncheon Saturday, April 8, 2000 12:00 Noon	$26.00		
TOTAL AMOUNT DUE	(Make check payable to MSMAA Convention Fund)		

Please mail **BOTH** checks and registration form **ON OR BEFORE MARCH 24, 2000** to:
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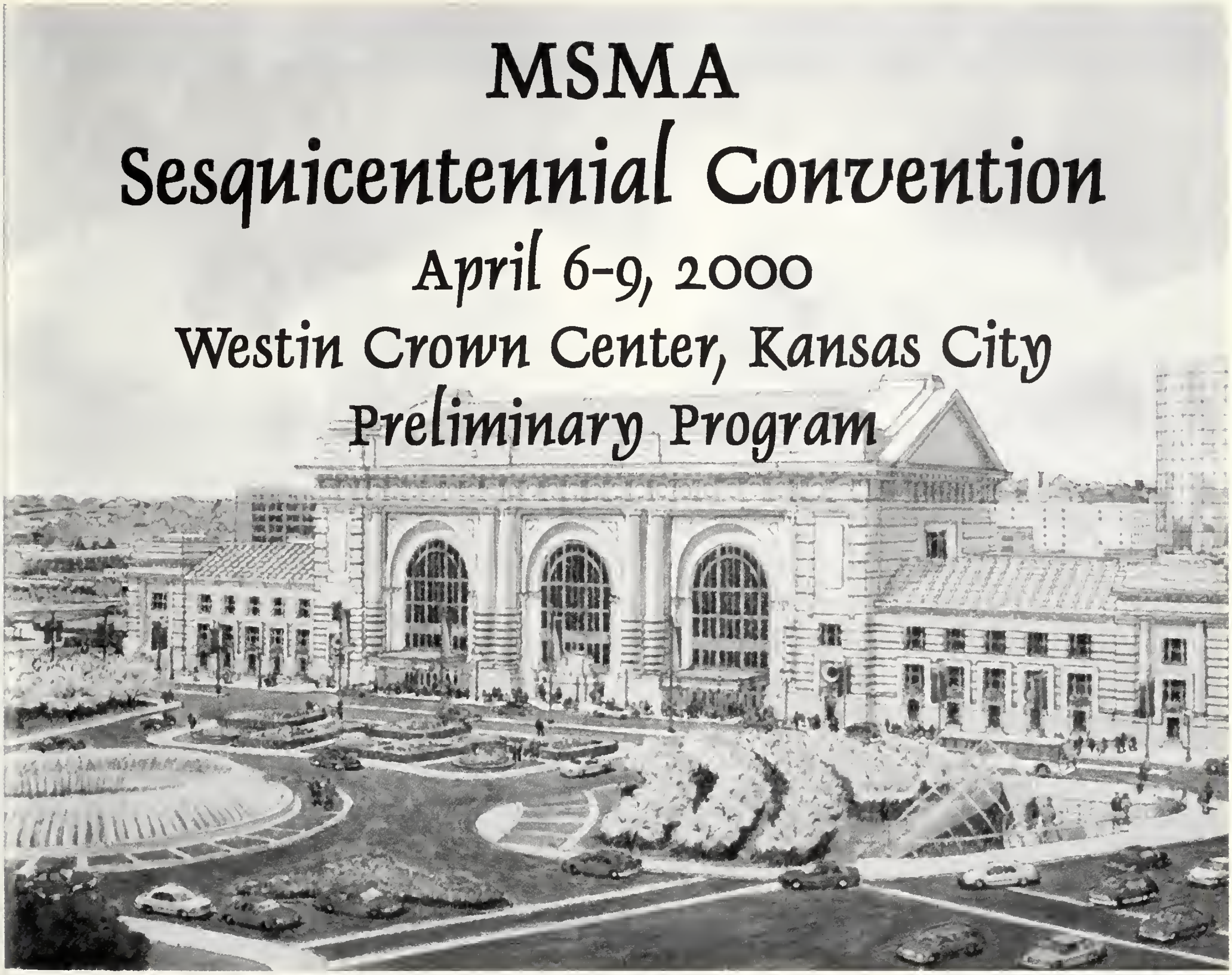
Westin Crown Center, Kansas City
Preliminary Program



Kansas City's restored Union Station opened as the home of Science City in November 1999. Physicians will have the opportunity to visit Union Station while attending Missouri State Medical Association's Sesquicentennial Convention. Please mark your calendar and plan to join us as MSMA takes medicine into the new millennium and celebrates its 150th anniversary along with the MSMA Alliance celebrating its 75th anniversary.

1850 MSMA
-2000
Sesquicentennial
PROTECTING THE HEALTH OF
MISSOURIANS FOR 150 YEARS

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Alliance
75 Years of Caring
Missouri State Medical Association Alliance
PHYSICIANS' SPOUSES DEDICATED
TO THE HEALTH OF MISSOURIANS

A Convention to Attend:

MSMA's Sesquicentennial Convention

Experience the Past - Face the Future

A Celebration of 150 Years - Waiting for You!

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Experience medical exhibits from Missouri's history,
and enjoy a President's Inauguration Celebration
with entertainment, fun, music, food, and refreshments
honoring incoming MSMA President
Gordon Goldman, MD, St. Louis,
and Alliance President Mary Ann Duff, Springfield.

MSMA Sponsored Annual Meetings and Events

Thursday, April 6

7:00-4:00 pm	MSMA Registration
2:00-4:00 pm	Opening Session, MSMA House of Delegates
4:00-5:30 pm	MSMA Reference Committees

Friday, April 7

6:30-5:00 pm	MSMA Registration
7:00-8:30 am	Missouri Physicians Health Committee Breakfast Meeting
8:30-10:30 am	General Session - *Educating Physicians About End-of-Life Care*
11:00-Noon	Open Forum on AMA Issues
11:00-12:30 pm	General Session - *Candidate Forum*
11:00-1:00 pm	Medical Student Section Delegate Luncheon
4:00-6:00 pm	Second Session, MSMA House of Delegates

Saturday, April 8

6:30-2:00 pm	MSMA Registration
7:00-8:00 am	Missouri State Medical Foundation Board Breakfast Meeting
7:00-8:00 am	Young Physicians Section Breakfast Meeting
8:00-9:30 am	General Session - *Physician Negotiations*
11:00-Noon	MMPAC Meeting
1:00-5:00 pm	International Medical Graduates Section Program
1:30-3:00 pm	General Session - *EMTALA Regulations*
3:15-4:30 pm	General Session - *Practical Strategies for Improving Doctor-Patient Communication*
6:30-7:30 pm	Presidential Inauguration
7:30-9:30 pm	Presidential Reception

Sunday, April 9

7:30 am	Final Session, MSMA House of Delegates Breakfast Meeting

MSMA

Protecting the Health of Missourians for 150 Years

Thursday, April 6

6:45-8:00 am	Moneta Breakfast
7:00-4:00 pm	MSMA Registration
Noon-1:00 pm	St. Louis Metropolitan Medical Society Luncheon Caucus
Noon-1:00 pm	Metropolitan Medical Society of Greater Kansas City Luncheon Caucus
2:00-4:00 pm	Opening Session, MSMA House of Delegates
4:00-5:30 pm	MSMA Reference Committees

riday, April 7

:30-5:00 pm	MSMA Registration
:00-8:30 am	Council Districts 1, 2, 4, 5, 6, 8, 9, 10 Breakfast Meetings
:00-8:30 am	Missouri Physicians Health Committee Breakfast Meeting
:30-9:00 am	University of Missouri-Columbia Alumni Board of Governors Breakfast Meeting
:30-10:30 am	General Session - *Educating Physicians About End-of-Life Care*
0:30-11:00 am	Intermission to View Exhibits
1:00-Noon	Open Forum on AMA Issues
1:00-Noon	Missouri State Surgical Society Program
1:00-12:30 pm	General Session - *Candidate Forum*
1:00-1:00 pm	Medical Student Section Delegate Luncheon
oon-1:00 pm	Metropolitan Medical Society of Greater Kansas City Luncheon
oon-2:00 pm	University of Missouri-Columbia Alumni Luncheon
:00-2:30 pm	Intermission to View Exhibits
:00-3:00 pm	Missouri State Surgical Society Program
:00-4:00 pm	St. Louis Metropolitan Medical Society Caucus
:00-4:00 pm	Missouri Society of Otolaryngology-Head & Neck Surgery Program
:00-6:00 pm	Second Session, MSMA House of Delegates
:00-7:30 pm	Washington University School of Medicine Alumni Reception
:00-7:30 pm	University of Missouri-Columbia School of Medicine Alumni Reception
:00-7:30 pm	University of Missouri-Kansas City School of Medicine Alumni Reception
:00-7:30 pm	St. Louis University School of Medicine Alumni Reception
:00-7:30 pm	Missouri Chapter of the ACP-ASIM Program
:30-8:30 pm	Missouri Academy of Family Physicians Dinner Board Meeting
:30-11:00 pm	Alliance Benefit for AMA Foundation

MSMA
General Session

Friday, April 7
8:30-10:30 am

Educating Physicians About End-of-Life Care (EPEC)

Anthony Guarino, MD
James Duff, MD

Most practicing physicians are touched by the medical and ethical considerations in pain management and treatment for end-of-life care.

In this presentation, learn the AMA's nationally-recognized guidelines on treating patients for end-of-life care including instructions, explanations and requirements.

sponsored by
Purdue Pharma, L.P.

MSMA
General Session

Friday, April 7
11:00-12:30 pm

Candidate Forum

Plans are in the works to bring rival candidates for important statewide office to address and field questions from the MSMA House of Delegates.

You won't want to miss this outstanding opportunity to hear first-hand from the candidates themselves.

sponsored by Missouri State Medical Association

MSMA GENERAL SESSIONS

Saturday, April 8
8:00-9:30 am

Physician Negotiations

Mr. Ross Rubin, the Executive Director for the AMA's national organization, Physicians For Responsible Negotiation, will make you aware of the legal implications involved in organizing negotiations with employers concerning patient care and physician practice.

sponsored by Missouri Academy of Family Physicians and Missouri State Medical Association

Saturday, April 8
1:30-3:00 pm

EMTALA Regulations

This seminar will outline the procedures on the Emergency Medical Treatment and Labor Act (EMTALA), which imposes legal obligations on most acute care providers, including emergency physicians, internists, surgeons, and anesthesiologists. The program will also help physicians develop a functional EMTALA compliance program to respond effectively to HCFA's criteria.

sponsored by Missouri Patient Care Review Foundation and Missouri State Medical Association

Saturday, April 8

6:30-2:00 pm	MSMA Registration
7:00-8:00 am	Missouri State Medical Foundation Board Breakfast Meeting
7:00-8:00 am	Young Physicians Section Breakfast Meeting
7:00-9:00 am	Missouri Society of Otolaryngology - Head and Neck Surgery Breakfast Meeting
7:30-9:00 am	Missouri Radiological Society Breakfast Meeting
7:30-9:15 am	Missouri Society of Anesthesiologists Breakfast
8:00-9:00 am	Missouri Society of Anesthesiologists First House of Delegates
8:00-9:00 am	Missouri Association of Plastic & Reconstructive Surgeons Board Breakfast Meeting
8:00-9:30 am	General Session - *Physician Negotiations*
8:15-11:45 am	Missouri Dermatological Society, Inc. Program
9:00-Noon	Missouri Society of Otolaryngology - Head & Neck Surgery Program
9:15-11:15 am	Missouri Society of Anesthesiologists Program
9:45-11:45 am	Missouri State Neurological Society Program
10:00-11:00 am	Missouri Chapter American College of Surgeons Program
10:00-Noon	Missouri Association of Plastic & Reconstructive Surgeons Program
10:00-Noon	Central Society of Physical Medicine & Rehabilitation Program
10:30-11:00 am	Intermission to View Exhibits
11:00-Noon	Missouri Radiological Society Program
11:00-Noon	MMPAC Meeting
11:30-12:15 pm	Missouri Society of Anesthesiologists Luncheon
11:30-1:00 pm	American Cancer Society, Heartland Division; Missouri Chapter American College of Surgeons; Missouri State Surgical Society Luncheon
Noon-1:00 pm	Missouri Radiological Society Luncheon Meeting
Noon-1:30 pm	Missouri Society of Otolaryngology - Head & Neck Surgery Luncheon Program
Noon-1:30 pm	Central Society of Physical Medicine & Rehabilitation Luncheon
Noon-1:30 pm	Missouri Association of Plastic & Reconstructive Surgeons Luncheon
12:15-1:30 pm	Missouri Society of Anesthesiologists Reference Committee
1:00-2:00 pm	Missouri Radiological Society Program
1:00-5:00 pm	International Medical Graduates Section Program
1:30-3:00 pm	Missouri Society of Anesthesiologists Program
1:30-3:00 pm	Central Society of Physical Medicine & Rehabilitation Program
1:30-3:00 pm	General Session - *EMTALA Regulations*
1:30-4:30 pm	Missouri Association of Plastic & Reconstructive Surgeons Program
3:15-4:00 pm	Missouri Society of Anesthesiologists Second House of Delegates
3:15-4:30 pm	General Session - *Practical Strategies for Improving Doctor-Patient Communication*
4:30-5:00 pm	International Medical Graduates Section Business Meeting
6:30-7:30 pm	MSMA Presidential Inauguration
7:30-9:30 pm	MSMA /MSMAA Presidential Reception

Sunday, April 9

7:30-9:00 am	Final Session, MSMA House of Delegates Breakfast Meeting
9:30-11:30 am	Christian Medical & Dental Society Program

Saturday, April 8
3:15-4:30 pm

Practical Strategies for Improving Doctor-Patient Communication

Communication between physicians and patients can impact health outcomes, satisfaction, and liability. Learn how to distinguish between the biomedical and communication tasks in patient settings and improve your communication skills through specific strategies.

sponsored by Missouri State Medical Services

MISSOURI SOCIETY OF ANESTHESIOLOGISTS

Saturday, April 8

7:30-9:15 am	Continental Breakfast
8:00-9:00 am	First House of Delegates
9:15-11:15 am	Program
9:15	**Palliative Care and the Anesthesiologist** *Richard Morgan, MD*
10:15	**Computer Update for the New Millennium** *Eugene Worth, MD*
11:30-12:15 pm	Luncheon
12:15-1:30 pm	Reference Committee
1:30-3:00 pm	Program **ASA Legislative Update** *Ms. Diane Turpin*
3:15-4:00 pm	Second House of Delegates

Objectives: 1) To improve specific computer skills for the anesthesiologist; 2) To address issues of palliative care pain management for the anesthesiologist; 3) To become familiar with and act upon national issues (legislative) affecting anesthesiologists.

Needs: Computer literacy becoming a necessity in the practice of anesthesia, palliative care an issue nationally affecting anesthesiologists in pain medicine, and update of legislative information on the national level.

Moderators: Barbara Bollier, MD and Michael Crocker, MD

MISSOURI DERMATOLOGICAL SOCIETY, INC.

Saturday, April 8

8:15-11:45 am	Program
8:15	**Welcome, Dermatology for Non-Dermatologists** *James Deeken, MD*
8:20	**Update on Management and Treatment of Eczema** *James Deeken, MD*
9:00	**Update on Psoriasis** *Dee Ana Glaser, MD*
9:45	**HPV and Beyond** *Amit Pandya, MD*
10:45	**Update on Management of Hair Loss** *Patrick Carrington, MD*

Objectives: After attending this program, participants should be able to identify, diagnose and treat eczema, psoriasis and manage hair loss. Now dermatologists will have a better understanding of problems relating to their practice.

Needs: Based on needs of patients referred to us.

Moderator: James Deeken, MD

MISSOURI ACADEMY OF FAMILY PHYSICIANS

Friday, April 7

6:30-8:30 pm	Board of Directors Dinner Meeting

Saturday, April 8

8:00-9:30 am	General Session (co-sponsor) **Physician Negotiations** *Mr. Ross Rubin*

Objectives: To provide detailed information for physician negotiations under the federal labor and antitrust laws.

Needs: To insure that physicians are aware of the legal implications involved in negotiations.

Moderators: Michael Munger, MD and William Dorzab, MD

Missouri Chapter of the ACP-ASIM

Friday, April 7	
6:00-7:30 pm	Program **What Residents Should Know Before Their First Year of Practice - Employment Contract Basics** *Mr. Randy Gerber*

No CME offered.

Moderator: Warren Lovinger, Jr., MD

International Medical Graduates

Saturday, April 8	
1:00-4:30 pm	Program
1:00	**Angiotensin Receptor Blockers** *Madhukar Misra, MD*
1:30	**The Best Time to Start Dialysis in Chronic Renal Failure Patients** *Karl Nolph, MD*
2:00	**Newer Trends in Treatment of Rheumatoid Arthritis** *Geetha Reddy, MD*
3:00	**Metastatic Bone Pain Palliation with Radionuclides** *Amolak Singh, MD*
3:30	**Isolated Systolic Hypertension: Risk and Treatment** *Ramesh Khanna, MD*
4:00	**Failure to Relax: Diastolic Dysfunction of the Heart - Concepts and Management** *Kul Aggarwal, MD*
4:30-5:00 pm	Business Meeting

Objectives: After attending this multi-specialty program, open to any physician registered to attend the Annual Convention of the Missouri State Medical Association, participants will be able to: 1) Understand the mechanism of action and clinical usage of angiotensin receptor blocking agents; 2) Learn about the various newer oral hypoglycemic agents and their appropriate use in clinical practice; 3) Understand the latest trends in management in the field of rheumatoid arthritis; 4) Understand the indications of dialysis in chronic renal failure and learn practical management strategies in such patients; 5) Understand the indications and role of radionuclide therapy in bone tumors; and 6) Understand the pathophysiology of diastolic dysfunction and management strategies of diastolic heart failure.

Needs: Feedback from attendees at previous scientific sessions, discussion with experts in various fields for clinically relevant recent advances, and requests for future presentations from the audience.

Moderators: Kul Aggarwal, MD and Ramesh Khanna, MD

Hotel Reservations

Reservations for the Westin Crown Center must be made by **February 21, 2000,** to take advantage of MSMA Convention room rates. Please see attached form.

Missouri State Neurological Society

Saturday, April 8	
9:45-11:45 am	Program **Update on New Seizure Control Medications** *Dean Naratoko, MD*

Objectives: The attendees will have a clearer understanding of the treatment options available to them when treating patients with seizures.

Needs: It was felt by the leadership that this topic would be of interest to neurologists, general practitioners, and others who treat patients with seizures.

Moderator: Joseph Hanaway, MD

Missouri Society of Otolaryngology - Head and Neck Surgery

Friday, April 7	
2:00-4:00 pm	Program
2:00	**Infant Hearing Screening** *G. Robert Kletzker, MD*
3:00	**Evaluation and Management of Parotid Gland Lesions** *George Gates, MD*
Saturday, April 8	
7:00-9:00 am	Breakfast Business Meeting
9:00-Noon	Program
9:00	**Frontal Sinus Fungal Infections** *Walter Schroeder, MD*
9:20	**Computer-Assisted Sinus Surgery** *Martin Citardi, MD*
9:40	**Hyperbaric Oxygen in Otolaryngology** *Jon Snow, MD*
10:20	**Botulinum Toxin Utilities in Otolaryngology** *Frank Simo, MD*
10:40	**Floor of Mouth Cancer** *James Boyd, MD*

Objectives: To update otolaryngologists on a variety of specific entities related to the specialty practice. Topics to be included are management of salivary gland diseases, facial paralysis, lasers in otology, adeno tonsillar infection, infant hearing screening, and otolaryngologic complications from scuba diving.

Needs: The program committee evaluated responses from last year's program to assess the lecture's qualities in terms of content, presentation and effectiveness in communicating with the attendees. Topics to be presented were based on requests from previous conference attendees and program committees.

Moderator: G. Robert Kletzker, MD

Saturday, April 8 *(continued)*	
11:20	**Lasers in Otology** *Bradley Thedinger, MD*
11:40	**Cochlear Implants in Children** *Rodney Lusk, MD*
Noon-1:30 pm	Luncheon Program **Update on Meniere's Disease** *George Gates, MD*

Central Society of Physical Medicine & Rehabilitation

Saturday, April 8	
10:00-Noon	Program
10:00	**Overview of the Major U.S. Disability Systems** *Robert Rondinelli, MD*
10:30	**Impairment Rating Guidelines to the Musculoskeletal System** *Richard Katz, MD*
11:00	**Work Fitness Determination** *Robert Rondinelli, MD*
11:30	**Independent Medical Examination and Reporting Requirements** *Richard Katz, MD*
Noon-1:30 pm	Luncheon
1:30-3:00 pm	Program
1:30	**The Issue of Pain and Disability** *Robert Rondinelli, MD*
2:15	**Residents' Scientific Presentations** *TBA*

Objectives: 1) Describe the major U.S. Disability Systems (tort law, workers compensation, social security, VA compensation, and pensioning) in terms of definitions, entitlements, benefits and physician reporting requirements; 2) Apply the AMA guides to impairment rating of the musculoskeletal system; 3) Apply functional capacity evaluations to work fitness assessment and rating; 4) List the eight steps of physician reporting requirements for the independent medical examination; and 5) Examine the problem of pain as it pertains to impairment ratings.

Needs: Physicians in our field are asked to do a disability evaluation for permanent impairments. Such requests come from primary care physicians as well as specialists such as neurosurgeons and neurologists. There are several national seminars, but many physicians are not able to attend these meetings because of limited enrollment. Talking to many family physicians we have determined a need to discuss this topic in detail.

Moderators: George Varghese, MD and Charles Kelly, MD

President's Inauguration Celebration

Saturday, April 8, 6:30 p.m.

CARICATURE DRAWING

MAGICIANS

HANDWRITING ANALYSIS

PALM READERS

HEAVY HORS D'OEUVRES

Celebrate with MSMA's incoming President, Gordon Goldman, MD, as he leads an evening of fun, music, food, and refreshments during the Inauguration. Exciting vaudeville displays and spectacular entertainment await all guests!

Be sure to attend! ONLY guests of the Inauguration will receive the commemorative 64-page "History of Missouri State Medical Association" compiled by physician members outlining the last 150 years.

MISSOURI ASSOCIATION OF PLASTIC & RECONSTRUCTIVE SURGEONS

Saturday, April 8

8:00-9:00 am	Board of Directors Breakfast Meeting
10:00-Noon	Program **Update on Breast Surgery** *Scott Spear, MD*
Noon-1:30 pm	Luncheon
1:30-4:30 pm	Program **Complications in Breast Surgery** *Scott Spear, MD; Edmond Cabbabe, MD; and Meredith Payne, MD* **Legislative Update on Breast Implants** *Herluf Lund, MD*

Objectives: Physicians will learn newest developments in breast surgery to inlcude indications, planning, technique, and post-operative management in the event of and without complications. They will be updated about implants safety and how best to minimize complications of breast surgery.

Needs: Program is selected to inform physicians about newest developments in breast augmentations including techniques, indications, post-operative care and prevention as well as management of complications. Also will discuss the latest information about breast implants.

Moderator: Edmond Cabbabe, MD

MISSOURI RADIOLOGICAL SOCIETY

Saturday, April 8

7:30-9:00 am	Breakfast Meeting
11:00-Noon	Program **Legislation Impacting Medical Care** *Pat Danner, Member of Congress*
Noon-1:00 pm	Luncheon Meeting **The College of Radiology - Where Are We?** *Mr. Bradley Short*
1:00-2:00 pm	Program **What's New in Radiology?** *Mr. Joseph Barry*

No CME offered.

Moderator: James Chapman, MD

MSMA's Sesquicentennial Convention

Experience the Past - Face the Future

Convention Highlights:

- AMA President-Elect Randolph Smoak, MD, will address the House of Delegates, Thursday, April 6. Dr. Smoak is a surgeon from Orangeburg, South Carolina, who has been on the AMA Board of Trustees since 1992.

- "75 Years of Caring" is the theme for the MSMA Alliance's Diamond Jubilee year. Alliance members take great pride in commemorating their partnership with the MSMA, which began in 1924 when the MSMA Auxiliary was formed.

- Exciting General Sessions: Candidate Forum - Educating Physicians about End-of-life Care (EPEC) Project - EMTALA Regulations (Emergency Medical Treatment and Active Labor Act) - Practical Strategies for Improving Doctor-Patient Communication - Issues with AMA President-Elect - Physician Negotiations - House of Delegates

MISSOURI CHAPTER AMERICAN COLLEGE OF SURGEONS

MISSOURI STATE SURGICAL SOCIETY

AMERICAN CANCER SOCIETY, HEARTLAND DIVISION

Friday, April 7	
11:00-Noon	Program **TBA** *Richard Heimburger, MD*
2:00-3:00 pm	Program **TBA** *Charles Van Way, MD*
Saturday, April 8	
10:00-11:00 am	Program
10:00	**Spectacular Cases in Trauma*** *Marc Shapiro, MD*
10:30	**Germ and Gas Warfare*** *Charles Van Way, MD*
11:30-1:00 pm	Cancer Liaison Luncheon
Noon	**Image-Guided Breast Surgery**** *David Ota, MD*
12:30	**Update the Goals of the Cancer Commission, American College of Surgeons***** *Michael Bukstein, MD*

Objectives: *1) Examine the current clinical management trends in the care of the trauma patient; 2) Describe the new innovations in technology utilized in trauma care; 3) Discuss the impact of technological advances in trauma care; and 4) State the ABCs associated with trauma evaluation and management. **1) To understand the role of surgeons in image-guided breast biopsy; 2) To understand new imaging techniques to state the axillary nodes; 3) To understand the future of ultra-guided breast cancer treatment. *** To give an overview of the current goals and changes of the Commission on Cancer, American College of Surgeons, and what the expectations are for the future.

Needs: TBA

Moderator: TBA

MSMA's Sesquicentennial Convention

Experience the Past - Face the Future

Two Historical Convention Souvenirs

- Attendees will receive a commemorative medal to pin on their lapel, reminiscent of attendance ribbons worn at conventions from yesteryear.

- Convention participants who attend the President's Inauguration Celebration on Saturday night will receive a 64-page "History of Missouri State Medical Association" compiled by physician members outlining the last 150 years.

CHRISTIAN MEDICAL & DENTAL SOCIETY

Sunday, April 9

9:30-11:30 am Program

Rekindling the Joy of Medicine

Dave Stevens, MD

Objectives: Present Judeo-Christian ethics to modern medical practice and end-of-life care; 2) Offer encouragement and advice on balancing practice and family life; and 3) Offer insight into spiritual and emotional counseling and healing.

Needs: Member needs were assessed in prior program evaluations from individual practice concerns and from a national survey of members. We need strategies to enhance the emotional and spiritual counseling in the office setting, and strengthen the family health. This will be presented by our national executive director.

Moderator: Richard Heimburger, MD

EXHIBITORS

Exhibit Hall activities:

Friday, April 7 from 8:00-4:00
with an intermission to view exhibits from 10:30-11:00 and 2:00-2:30

Saturday, April 8 from 8:00-1:00 pm
with an intermission scheduled from 10:30 to 11:00

A daily prize drawing will be held to give away two Bose radios.
Only physician members, residents, and medical students are eligible to win.
Registration forms will be available in the exhibit hall.

A free continental breakfast, co-sponsored by **MEDICAL EMPLOYMENT DIRECTORY**, will be offered Friday and Saturday mornings beginning at 8:00 am.

Join your colleagues for afternoon refreshments, Friday, April 7, co-sponsored by **FORREST T. JONES**.

Open to all physicians, spouses, guests, and exhibit partners.

MISSOURI STATE MEDICAL ASSOCIATION ALLIANCE

Thursday, April 6

9:00-4:00 pm	Registration and AMA Foundation Basket Check-in
10:00-Noon	Pre-Convention Board Meeting
Noon-2:00 pm	Past Presidents Luncheon
3:00-5:00 pm	General Assembly, Session I
7:00-10:00 pm	An Evening of KC Hospitality (Dutch Treat Dinner) at *The Golden Ox*

Friday, April 7

8:00 am	Continental Breakfast
8:00-12:30 pm	Registration and AMA Foundation Basket Check-in
8:30-10:45 am	General Assembly, Session II
11:00-12:30 pm	MSMA General Session - *Candidate Forum*
12:45-2:45 pm	Awards Luncheon
2:30-5:00 pm	Tour: *Union Station and Science City*
7:30-11:00 pm	AMA Foundation Dinner and Silent Auction

Saturday, April 8

8:00 am	Continental Breakfast
8:00-10:00 am	Registration
8:30-11: 45 am	General Assembly, Session III
Noon-2:00 pm	Installation Luncheon
3:00-4:00 pm	Post-Convention Board Meeting
6:30 pm	Presidential Inauguration and Reception

INVITATION TO PHYSICIANS

You are invited to attend the AMA Foundation Benefit and An Evening of KC Hospitality. Simply complete and return the registration form below.

Now is the Time: Make Healthy Choices

Missouri State Medical Association Alliance

The Westin Crown Center • Kansas City, Missouri

April 6-8, 2000

REGISTRATION FORM FOR CONVENTION

Name (for badge)________________________Phone (   )______________

Address____

City/State/Zip____

Event	Cost per person	Number Attending	Total Cost
AMA Foundation Benefit Friday, April 7, 2000, 7:30 PM (formerly AMA-ERF)	$65.00		

Make check payable to: AMA Foundation (please designate the medical school and fund)

Name of Medical School______________________________________

Location (City and State)_____________________________________

Medical Excellence Fund__________ Medical Student Assistance Fund__________

Event	Cost per person	Number Attending	Total Cost
An Evening of KC Hospitality (Dutch Treat Dinner) Thursday, April 6, 2000 7:00 PM, Golden Ox	$35.00	_____KC Strip Steak _____Smoked Pork Chop _____Grilled Salmon	

TOTAL AMOUNT DUE (Make check payable to MSMAA Convention Fund)

Please mail **BOTH** checks and registration form **ON OR BEFORE MARCH 24, 2000** to:
Lea Morrison, 5801 Spinnaker Pointe, Parkville, MO 64152 • (816) 741-5348

CELEBRATING 150 YEARS AT THE 2000 CONVENTION

MISSOURI STATE MEDICAL ASSOCIATION
SESQUICENTENNIAL CONVENTION

APRIL 6-9, 2000
WESTIN CROWN CENTER
KANSAS CITY, MISSOURI

PREREGISTRATION

Registration for MSMA's Sesquicentennial Convention is *easy!*
FAX: Registration form to 573-636-8552
MAIL: MSMA, P.O. Box 1028, Jefferson City, MO 65102
INTERNET: Register over the Internet at *www.msma.org.*

Name

Mailing Address

City/State/Zip

Delegate ☐ *Member* ☐ *Non-Member* ☐

Daytime Phone Number

Medical Specialty *Component Medical Society*

Upon receipt of your preregistration, you will be mailed a confirmation card to present at the Sesquicentennial Convention registration desk. Your registration packet and name badge will be ready for pick-up.

Check the sessions you will be attending:

_____ *Candidate Forum*
_____ *EPEC (End-of-Life-Care)*
_____ *EMTALA Regulations*
_____ *Physician Negotiations*
_____ *Practical Strategies for Improving Doctor-Patient Communication*

HOTEL RESERVATIONS

MISSOURI STATE MEDICAL ASSOCIATION
Sesquicentennial Convention • April 6-9, 2000

Reservations for the Westin Crown Center must be made by **FEBRUARY 21, 2000**, to take advantage of MSMA convention room rates.

TO MAKE RESERVATIONS:

CALL Westin Crown Center at 816-474-4400 with any major credit card

FAX Fax the form below to 816-391-4493, ATTN: Caroline

MAIL Mail the form below to Westin Crown Center, #1 Pershing Road, Kansas City, MO 64108

Name

Mailing Address

City/State/Zip

Daytime Phone Number *Arrival Date/Time* *Departure Date*

Payment Method: Cash/Check *Credit Card Name/Number* *Expiration Date*

# Rooms *# Persons* *Single/Double-$110* ____ *One Bedroom Suite-$250* ____ *Two Bedroom Suite-$400* ____

Non-Smoking ____ *Smoking* ____ *Special Needs* ____________

Reservations are accepted on a space-available basis, so please make your hotel reservation as soon as possible. Reservations will be accepted and confirmed up to the opening day of the Convention, providing accommodations are still available. Reservations run from 4:00 p.m. on day of arrival until noon on day of departure.

Cancellation Policy: The Westin Crown Center requires an advance of one night's lodging or credit card guarantee to confirm reservations. Deposits are refunded/credited only when cancellation reaches the Westin Crown Center office 24 hours prior to day of arrival. Your deposit will be forfeited if you arrive later. To avoid penalty for early departure, 48 hours notice must be given. This form may be duplicated.

MSMA Hires New Meeting Planner

Suzanne Wiss, M.Ed., has been hired by MSMA to serve as the Director of Scientific Affairs. She replaces Ron Ellison, who left the Association in October, after 25 years of service.

Ms. Wiss began her career in the hospitality industry in 1988. She has a bachelor's degree in Foodservice and Lodging Management and a master's degree in Health Promotion and Wellness, both from the University of Missouri-Columbia.

She previously worked as a Continuing Education Coordinator, Natural Resources Unit, for Missouri University Extension, and as a Professional Event Planner at the University Club in Columbia. She worked as the Sales Manager at the Ramada Inn in Jefferson City, and as the Director of Wellness at St. John's Hospital/Hammons Heart Institute in Springfield. She has served as a Director and Treasurer on the board of the Society of Government Meeting Professionals.

Component Medical Societies Address Concerns of Members

December 22, 1999 - The **Buchanan County Medical Society** celebrated their Christmas party at the St. Joseph Country Club. Dr. William Dorzab, President MSMA, and Membership Director Johanna Echols attended the festive event. The Alliance supplied gifts for a silent auction benefiting the medical school of choice.

Under Dr. Dennis C. Dobyan's leadership, coupled with the dedicated energy of his wife, Beatrice, the society has returned to financial security. Attendance is at an all-time high, new members are being admitted.

The new officers sworn in are: Dr. Immanuel Uketui, President; Dr. Rao Davuluri, President-Elect; Dr. Chris Looney, Vice-President; Dr. Douglas Biggs, Secretary; and Dr. David Sharp, Treasurer. Elected to a two-year term for MSMA Delegates were: Drs. James Conant, Immanuel Uketui, Bruce Smith, and Dennis C. Dobyan. Alternate Delegates elected for a one-year term: Drs. Merlin Brown, Scott Wade, Wendell Bronson, and Douglas Biggs. Dr. Dobyan was elected a trustee for a five-year term. Drs. David Sharp, Robert Schaaf and Dennis C. Dobyan were elected to a three-year term to act as the nominating committee.

December 8, 1999 - Christmas carols performed by Sedalia's high school choir were the center stage for the **Pettis County Medical Society.** Dr. Jeffrey Wadley, 1999-2000 President of the society, welcomed physicians who meet once a year on this festive occasion.

December 13, 1999 - The **Cole County Medical Society** had its annual celebration at the Jefferson City Country Club. Dr. Michael A. Young, the departing president, welcomed Dr. William Dorzab, MSMA President, and Membership Director Johanna Echols. Dr. Dorzab has attended nearly every component society meeting in every district in the last four months of 1999. He discussed his recent trip to the AMA meeting in San Diego, invited physicians to look into benefits MSMA offers and encouraged questions on issues of concern. Dr. Michael Severance, newly elected President of the society, stressed that his main objective in the year 2000 was to bring in new members and increase attendance at the meetings. The Alliance featured a silent auction and cookbooks were available for sale to benefit their charities.

(Editors note) Please keep in mind to call MSMA's Benita Stennis and Johanna Echols when fertile ideas are needed to increase membership.

Take Advantage of MSMA's Newest Membership Benefits

MSMA Program Cuts Malpractice Premiums

MSMA has received a number of inquiries following the launch of its new medical malpractice insurance program for members, which allows physicians to reduce premium costs.

The program provides two major benefits:

1) members often pay less for their malpractice insurance;

2) the program makes it easier for physicians to change jobs, since the policy will move with the doctor when he or she leaves the employment of a hospital or a physician's group.

MSMA is assisted in this program by Healthcare Insurance Services (HIS), an insurance broker from Houston, Texas specializing in medical malpractice insurance. HIS acts as the insurance broker for approximately 40,000 physicians around the country. The company is lending its expertise to MSMA to insure the program combines high quality and low rates.

Los Angeles-based Farmers Insurance Group will underwrite the policies, something the business has done for 50 years.

According to Farmers, they will offer a minimum of 10-15 percent discount from what most physicians pay now. Farmers has assured MSMA it will meet or beat the rates now available.

If you are interested in receiving a bid to compare to your current premiums, call Tim Aguilar or Hal Kinsey of HIS at 800-733-4474.

MSMA's Medical Savings Accounts

MSMA is pleased to make available a tax-qualified MSA health insurance plan for physicians with self-employment income*. Below is an outline of how Golden Rule Insurance MSAs work to your advantage.

Since MSMA does not hold an insurance license, we cannot answer questions about the plan. So, please call MSMA at 573-636-5151, we will have Golden Rule contact you at your convenience.

. . . .

MSAs come in two parts:

A) High deductible major medical insurance.

B) A tax-qualified account that covers up to 75% of the deductible for a family.

If you are eligible, here are the benefits you would realize with an MSA:

1) The high deductible insurance means you pay less premium to the insurance company.

2) Each year, all deposits to the account itself are 100% tax-deductible (up to the maximum amount allowed by law...$3,450 for a family in 1999.)

3) All money in the account earns tax-deferred interest. Another potential source of retirement income.

4) Withdrawals from the account to pay qualified medical expenses (including dental and vision expenses) are never taxed or penalized.

5) Withdrawals from the account to pay long-term care insurance premiums likewise are never taxed or penalized.

6) At age 65, withdrawals for any non-qualified purpose are subject only to tax, not a penalty.

**You probably have self-employment income if: a) you are a sole proprietor; b) you are a partner in a partnership or Limited Liability Corporation; c) you own a greater than 2% share of a Subchapter S Corporation; or d) you are an owner of a Professional Corporation that has elected to be treated as a Subchapter S Corporation.*

Use MSMA's Contract Review Service

The Missouri State Medical Association has established a network of attorneys for the purpose of reviewing physician employment contracts. The four selected are:

◆ Randy Gerber St. Louis	Gallop, Johnson & Neuman 314-615-6217
◆ Craig Van Matre Columbia	Van Matre and Harrison 573-874-7777
◆ Bill Mauck Springfield	Yates Mauck 417-883-7411
◆ David Patzman Kansas City	Morrison Hecker 816-691-2731

The above have significant experience in physician employment contracts and offer fair prices. Although they have been recommended by the MSMA, please note that we are not responsible for any advice rendered or acted upon.

Looking For a New Job?

Medical Employment Directory is a Missouri company specializing in physician placement that has recently been endorsed by MSMA. With five offices statewide, MED's four placement divisions include: physician recruitment, permanent placement, temporary staffing, and human resource consulting. Each personnel counselor is a medical professional with a knowledge of licensing requirements and certifications.

MED is successful at matching physicians to opportunities based on their needs for practice structure, family, personal considerations, and economic potential. Retention rate is 99%. Over 100 practice opportunities are listed with MED. Visit MED's web site at *www.med-search.com* or call 816-756-3445.

Are You an Angry, Frustrated Physician? Get Involved and Make a Difference

Ms. Janice Fleszar

As every physician is aware, health care delivery is changing dramatically. Today's system is characterized by the growing corporatization of medicine, expansion of managed care, an increase in competition, and the consolidation of health plans, hospitals, and physician practices.

While physicians were trained to provide medical care to patients, they spend much of their time trying to understand the complexities of medical staff bylaws, antitrust laws, managed care contracts, utilization review guidelines, quality improvement, outcomes management, compliance plans and risk management. The result: angry, frustrated physicians concerned about the loss of clinical autonomy, the erosion of the patient-physician relationship, the hassles limiting their ability to provide quality care to their patients, and the breakdown of collegiality and trust among physicians themselves.

TURN YOUR FRUSTRATION INTO ACTION

The AMA Organized Medical Staff Section offers these physicians a mechanism within organized medicine to be heard and gain support. OMSS members have a direct pipeline to the AMA's policy-making process. More than 94% of the resolutions the OMSS has introduced in the House of Delegates have received favorable action and today influence AMA policy. For example, OMSS action led to successful efforts by the AMA to eliminate gag clauses from managed care contracts.

Paul A. Gitman, MD, a New York physician, first encountered "gag clauses" while reviewing managed care contracts for himself and other physicians at his hospital. Alarmed by managed care's ability to silence physicians, he also realized that an individual physician could have little impact working alone. Dr. Gitman took the initiative and introduced a "gag clause" resolution at the OMSS Assembly Meeting.

"It was very rewarding, as my resolution moved forward, to see how the power of a large organization made my idea come to life," said Dr. Gitman. "The problem I saw sitting before me on my desk grew into a national issue without me needing to know a thing about politics. And during the process, it was exciting to see how the resolution was refined as other physicians contributed their ideas and experiences."

Other section issues that have moved to the center stage of AMA advocacy efforts include: health system reform, medical staff bylaws and, most recently, collective negotiations.

Responding to physicians' increasing concern with autonomy in medical decision-making, the OMSS recently commissioned a white paper on "Quality and Clinical Culture: The Critical Role of Physician in Accountable Health Care Organizations." In addition, an OMSS resolution resulted in the AMA outlining guidelines for physician involvement in integrated delivery systems and health plans. The section is currently looking for best practices where the guidelines are being applied.

OMSS STRUCTURE

The OMSS is a representative forum for the practicing physicians on hospital and other medical staffs across the country. More than 2,000 hospitals are represented in the section and typically 275-300 physicians participate in the annual and interim Assembly meetings.

All physician members may submit resolutions for consideration at the Assembly meetings and testify at reference committee hearings about proposed policies. Only OMSS representatives – the one physician elected to serve as the OMSS representative of his or her hospital, health system or physician organization – vote on the resolutions.

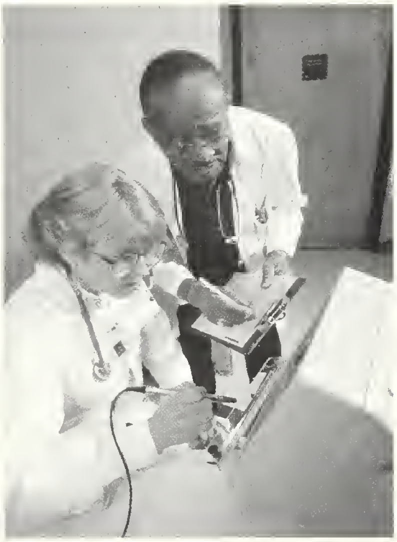
Just as important, OMSS representatives also serve as vital communications links between medical staffs and the AMA. On one hand, they give grassroots physicians a voice in AMA activities and policies through a resolution/forum process. On the other, they provide medical staffs with useful information and support from the AMA to help them better fulfill their professional responsibilities, pursue interests and understand the current environment.

Join the OMSS

Members of the OMSS receive a number of tangible benefits. Some of them include:

- Taking advantage of the "Guide to Medical Staff Organization Bylaws"
- Utilizing the Physician Assistance Network (a peer-to-peer consulting service)
- Learning from the OMSS Legal Advisor – published six times a year
- Gaining credible information from policy packets on a variety of issues
- Receiving biweekly news updates through e-mail

Put your frustration to work by joining the OMSS. Make a point to find out if your medical staff has an OMSS representative. If not, encourage them to elect one. Call Janice Fleszar at AMA (312) 464-5450 or Pat Mills at MSMA (573) 636-5151 to learn more. MoMed



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MSMA Website Gets A New Look

The new "look" is just part of the story. The new site is designed to meet the growing needs of the public and of our members.

Our new "members only" area has a forum where members can meet and share ideas. While there, physicians can read the latest medical news gathered from around the nation and world 24 hours per day.

Waldeyer's Ring Lymphoma Presenting as Massive Oropharyngeal Hemorrhage

Lane Turner, MD and Robert Zitsch, III, MD

ABSTRACT

A case report of a patient presenting with massive oropharyngeal hemorrhage originating from lymphoma of the tonsil and it's management is discussed. Locally advanced or recurrent squamous cell carcinoma may manifest with massive oropharyngeal hemorrhage, however, it is unusual for Waldeyer's ring lymphoma to present in this fashion. Management of oropharyngeal malignancies presenting in this manner includes airway control, control of hemorrhage, and biopsy of the tumor. Hemorrhage control is provided by surgical exploration or intraarterial embolization.

Extranodal lymphoma of the head and neck is not uncommon and is thoroughly discussed in the medical literature. Hemorrhage into the upper aerodigestive tract is occasionally observed in the patient with head and neck cancer. It usually occurs, however, in patients with squamous cell carcinoma that have been previously treated or in patients with locally advanced cancers.[1-3] A comprehensive review of the literature has revealed no other reports of head and neck lymphoma presenting with massive oropharyngeal hemorrhage.

CASE

An 89-year-old man, in otherwise reasonably good health, experienced a sudden onset of brisk bleeding form the oral cavity and went to his local emergency department for treatment. The blood loss was estimated at 500 mL. He was admitted to the hospital for observation and to stabilize his hemodynamic status. Within the next 12 hours, he was transferred to the University of Missouri Hospital and Clinics for further evaluation. Upon arrival, the patient appeared comfortable and was in no distress. He admitted to a three month history of dysphagia and odynophagia, though his weight was unchanged during this period. He had never used alcohol or tobacco.

On our initial exam, the oral cavity and oropharynx were without any bleeding or clot. A four cm by four cm erosive lesion with a one square cm area of central necrosis was found involving the right inferior tonsillar fossa and lateral oropharyngeal wall by flexible laryngoscopy. The larynx and hypopharynx were normal. Admission laboratory tests showed a hemoglobin of 10.6 gm/dL and a hematocrit of 31%. The patient's coagulation parameters were normal. The chest x-ray was unremarkable.

With a working diagnosis of an invasive oropharyngeal malignancy, a CT scan was obtained to assess the deep extent of the lesion. This demonstrated an enhancing, right-sided oropharyngeal mass, which was closely associated with some of the proximal branches of the external carotid artery.

Shortly after transfer to our institution, a second episode of oral cavity hemorrhage was managed by digital pressure and placement of gauze packing in the oropharynx at the site of the erosive lesion. Another 500 mL of blood was estimated to have been lost during this second episode. As blood replacement was being initiated, the patient was taken emergently to the operating room where, upon arrival, brisk hemorrhage from the oral cavity again recurred. After intubation of the unstable airway, the oropharynx was tightly packed with gauze to control the hemorrhage.

The right side of the neck was then explored to identify the carotid bifurcation and the internal and external carotid artery. The proximal portion of the external carotid artery, though itself normal in appearance, was juxtaposed to edematous soft tissues in the region of the pharyngeal wall. The superior thyroid and lingual branches of the external carotid were noted to pass into this abnormal area. The external carotid artery, superior thyroid artery, and lingual artery were ligated using silk ligatures. A tracheotomy was then done, after which biopsies of the lesion were taken. No further bleeding occurred and the blood volume was restored to achieve a hemoglobin level of 10.0 gm/dL with three units of packed red blood cells. The pathologic diagnosis was diffuse large cell lymphoma, intermediate grade (International Formulation) or diffuse histiocytic (Rappaport Classification). One week later, the patient was transferred back to his hometown hospital, where chemotherapy was begun.

DISCUSSION

Fierstein and Thawley reported on leukemia and lymphoma as it relates to the otolaryngologist.[4] The review included 50 patients with acute leukemia and 61 patients with lymphoma. Hemorrhage attributable to thrombocytopenia was the second most common problem they encountered in leukemia patients. All of the patients had platelet counts less than 50,000/mm^3 and the bleeding most often presented as epistaxis. Bleeding was not seen in the lymphoma patients unless it was secondary to chemotherapy.

Several reviews of patients with lymphoma of the head and neck have been published.[4-11] Primary extranodal presentation of non-Hodgkin's lymphoma (NHL) has been reported to occur from roughly 20 to 40% of patients with NHL.[12] Of these patients, the GI tract is the most common presenting site followed in frequency by the head and neck.[12] Within the head and neck, Waldeyer's ring is the most common site involved by primary extranodal lymphoma. Specifically, the tonsil is the subsite within Waldeyer's ring most frequently involved.[4-7, 9-11] In patients with primary extranodal lymphoma presenting in Waldeyer's ring, a subpopulation will also have gastrointestinal tract involvement.[5-7, 9, 10, 13] Waldeyer's ring lymphomas are most often diffuse histiocytic of the Rappaport classification.[5-8, 11, 14]

Dickman et al. reported on two cases of arteriotracheal fistula as a terminal event in adolescents treated for mediastinal non-Hodgkin's lymphoma.[15] Both patients had fistulas of the brachiocephalic trunk to the trachea following radiation and chemotherapy for mediastinal lymphoma. The histologic diagnoses were diffuse large cell and lymphoblastic lymphoma. Autopsy did not reveal direct vascular invasion by tumor but rather evidence of chronic inflammation and bacterial infection.

List et al. reported on non-Hodgkin's lymphoma of the GI tract.[16] Their data was comprised of 87 patients diagnosed with primary NHL of the GI tract between 1974-1984. The most common presenting symptom was abdominal pain. The most common site of presentation was the stomach in 52 patients with 12 patients presenting with large bowel involvement. Hemorrhage occurred in 29% of the gastric lymphoma patients and 25% of the large bowel lymphoma patients.

A case report of a previously untreated patient who expired from a ruptured cerebral aneurysm infiltrated by lymphoma was described by Rahko et al.[17] The microscopic examination of the cerebral artery aneurysm demonstrated diffuse infiltration of poorly differentiated lymphocytes into all layers of the vascular tissue. The aneurysm was the only area involved with sections of other cerebral vessels described as normal.

This suggests that hemorrhage from a direct effect on regional vasculature is obviously possible, even in previously untreated lymphomas. This mechanism seemed to also be responsible for the hemorrhage that occurred in the present case report.

CONCLUSION

The case currently discussed is the first report of a lymphoma in Waldeyer's ring presenting as massive oropharyngeal hemorrhage. As discussed above, extranodal lymphoma of the head and neck most commonly presents in the region of the tonsil, as our case did. An association between Waldeyer's ring lymphoma and lymphoma of the GI tract has been demonstrated in several different studies. It is interesting that although lymphoma of the GI tract often presents with hemorrhage, we found no mention of upper aerodigestive tract lymphomas originating in Waldeyer's ring presenting as hemorrhage. The actual pathogenesis with respect to the hemorrhage cannot be absolutely determined but is obviously related to a destructive process associated with tumor progression. It was noted by Dickman et al., though, that direct tumor extension into the artery did not seem to be responsible for the hemorrhage in their cases.[15]

Control of the bleeding in this case was provided by ligation of prominent vessels in proximity to the tumor as revealed by surgical exploration. These vessels were adjacent to the tumor and the surrounding tissue was edematous, presumably secondary to inflammation. Embolization of the hemorrhaging vessels would be another alternative in controlling bleeding in certain cases. Bhansali discusses the use of a polyvinyl alcohol-based foam for intra-arterial embolization in several cases of advanced or unresectable tumors with bleeding from a diffuse tumor bed.[18] Also reported for control of bleeding with intravascular occlusive therapy are various embolic substances including absorbable gelatin sponge, autologous clot, balloon, and silicone.[19]

This case demonstrates that extranodal lymphoma of the head and neck can present as massive hemorrhage, not unlike lymphomas of the stomach or bowel. The initial management in such cases includes control of the airway followed by control of hemorrhage, with biopsy of the tumor to establish the diagnosis. **MoMed**

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Members In The News

Dr. Donald Allcorn, *Sedalia*, provided space for a community health clinic which provides services for those who might otherwise be unable to obtain medical help. He also is volunteering his time to the clinic's patients.

David Barbe, MD, *Mountain Grove*, has been named President of St. John's Regional Medicine of the Ozarks, Inc. In this position, Dr. Barbe will be responsible for the operations of the 35 St. John's clinics and the 75 St. John's physicians outside of the immediate Springfield area.

Dr. David M. Deisher, *Cape Girardeau*, was initiated into the Fellows of the American College of Surgeons during ceremonies in San Francisco.

Harry C. Eggleston, MD, *St. Louis*, accepted a Fellowship Award for advocating for the patient by the Society of Excellence in Eyecare (SEE). The award was presented during the SEE Annual Convention in Florida.

Victoria J. Fraser, MD, *St. Louis*, received a three-year $393,975 grant from the National Center for Infectious Disease for a project titled "Changing Antimicrobial Prescribing to Reduce Antimicrobial Resistance."

Henry J. Kaplan, MD, *St. Louis*, receive a five-year $2,729,996 grant from the National Eye Institute for a project titled "In Vivo Imaging in Autoimmune Uveitis."

Alan Scharrer, MD, *Holden*, has achieved the degree of Fellow of the American Academy of Family Physicians. The degree was conferred during the AAFP's Annual Scientific Assemby in Orlando, Florida.

Dr. Mark Steele, *Kansas City*, chairman of the department of emergency medicine, has been appointed as Associate Dean for Truman Medical Center at the University of Missouri-Kansas City School of Medicine.

Carl F. Strauss, MD, *Kansas City*, was awarded the Greater Kansas City Area Medical Society's 1999 Merit Award. The award is to demonstrate to the local community and to the state and national medical associations that the activities and contributions of outstanding members are recognized by their peers and colleagues. He is an AMA Delegate, a past president of KC, and past chairman of many society's committees.

Robert W. Thompson, MD, *St. Louis*, received a four-year $880,000 grant for a project titled "Regulated Expression of Collagenases in AAA." Another four-year grant for a project titled "Aneurysm Research Core Collaborative R01" was granted. Both grants were from the National Heart, Lung, and Blood Institute. He also received a two-year $70,000 grant from the American Heart Association for a project titled "Plasma MMP Levels in Patients with Abdominal Aortic Aneurysms: Effects of Disease Progression and Doxycycline Treatment."

Dr. Kirby Turner, *Poplar Bluff*, a family physician, was recently honored for 30 years of membership in the American Academy of Family Physicians.

Recognition of Members

If you or a colleague have recently been recognized, send a short paragraph to *Missouri Medicine*. Please indicate who, what, when and where with a brief description of the recognition.

New Members

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In Memoriam

Donald Bindbeutel, MD, *Ballwin*, died January 5, 2000. He was a retired general surgeon.

Eugene Bricker, MD, *St. Louis*, died January 2, 2000. He was a retired general surgeon

Ezra Butler, MD, *St. Joseph*, died Saturday, December 11, 1999. He specialized in occupational medicine.

James Clawson, MD, *Springfield* died January 5, 2000. He was a retired general surgeon.

Francis Ellis, MD, *Springfield*, died December 20, 1999. He was a retired obstetrician/gynecologist.

Hyman Fingert, MD, *St. Louis*, died Thursday, December 23, 1999. He was a retired psychiatrist, and a founder of the St. Louis Psychoanalytic Institute.

Gerald Fox, MD, *St. Joseph*, died November 9, 1999. He was a retired pathologist.

Leopold Hofstatter, MD, *St. Louis*, died Friday, December 3, 1999. He was a retired neuropsychiatrist.

George Miles, MD, *Prairie Village, KS*, died Sunday, December 19, 1999. He was a retired general surgeon.

Richard Osbourn, MD, *Fulton*, died January 2, 2000. He was a retired family physician.

Carl Siegel, MD, *Kansas City*, died Friday, November 26, 1999. He was a retired pathologist. Dr. Siegel was a 50-year charter member of the Missouri Academy of Family Practice, and was recently awarded the KC Metro. Medical Society Award for 51 years of service.

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Annual Convention General Sessions

For the complete Convention program and registration form, please see insert.

1 **Educating Physicians About End-of-Life Care (EPEC)**

Friday, April 7 ❖ 8:30-10:30 am

Most practicing physicians are touched by the medical and ethical considerations in pain management and treatment for end-of-life care.

In this presentation, *Drs. Anthony Guarino* and *James Duff* will present the AMA's nationally-recognized guidelines on treating patients for end-of-life care including instructions, explanations and requirements.

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2 **Candidate Forum**

Friday, April 7 ❖ 11:00 am - 12:30 pm

Plans are in the works to bring rival candidates for important statewide office to address and field questions from the MSMA House of Delegates.

You won't want to miss this outstanding opportunity to hear first-hand from the candidates themselves.

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3 **Physician Negotiations**

Saturday, April 8 ❖ 8:00-9:30 am

Mr. Ross Rubin, the Executive Director for the AMA's national organization, Physicians For Responsible Negotiation, will make you aware of the legal implications involved in organizing negotiations with employers concerning patient care and physician practice.

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4 **EMTALA Regulations**

Saturday, April 8
1:30-3:00 pm

Dr. Eugene Ogrod, will outline the procedures on the Emergency Medical Treatment and Labor Act (EMTALA), which imposes legal obligations on most acute care providers, including emergency physicians, internists, surgeons, and anesthesiologists. The program will also help physicians develop a functional EMTALA compliance program to respond effectively to HCFA's criteria.

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5 **Practical Strategies for Improving Doctor-Patient Communication**

Saturday, April 8
3:15-4:30 pm

Communication between physicians and patients can impact health outcomes, satisfaction, and liability. Learn how to distinguish between the biomedical and communication tasks in patient settings and improve your communication skills through specific strategies.

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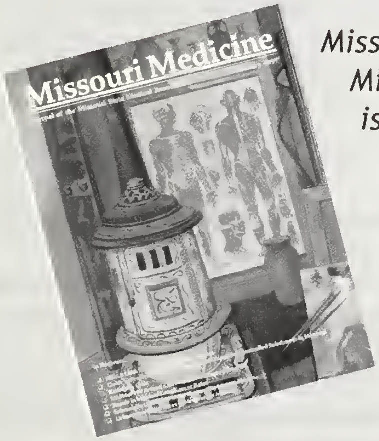

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If you are interested in submitting your work for consideration, contact Becky Jungermann, Managing Editor at 573-636-5151, send an email to bjungermann@msma.org or write to Missouri Medicine, 113 Madison Street, PO Box 1028, Jefferson City, MO 65102.

CME Listing

FEBRUARY

11 thru 13 - ***St. Louis:*** **Microsurgery for Degenerative Cervical and Lumbar Spine.** Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

19 - ***St. Louis:*** **2nd Annual Update in the Mangement of Hypertension.** 3.5 credit hours. Call Washington University CME 314-362-6891.

21 - ***St. Louis:*** **Reengineering Radiology: Lessons Learned.** Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

24 thru 26 - ***St. Louis:*** **8th Annual Refresher Course & Update in General Surgery.** 18 credit hours. Call Washington University 800-325-9862.

MARCH

4 & 5 - ***St. Louis:*** **Temporal Bone Surgical Dissection.** 15 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

13 - ***St. Louis:*** **Oncology Imaging: A New Era.** Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

24 & 25 - ***St. Louis:*** **Coagulation Consultants Annual Symposium.** Call St. Louis University1-800-553-2712.

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6 thru 8 - ***St. Louis:*** **Surgical Approaches to the Skull Base.** 25 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

10 - ***St. Louis:*** **Leroy Sante Lecture.** Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

10 - ***Moberly:*** **Insulin Treatment for Diabetes Mellitus 2.** Call MU School of Medicine 573-882-0366.

14 & 15 - ***St. Louis:*** **ATLS Provider.** Call St. Louis University CME 314-577-8167.

14 thru 16 - ***Lake Ozark:*** **5th Annual Conference: Key Challenges in Clinical Oncology.** Call MU School of Medicine 573-882-0366.

24 thru 28 - ***St. Louis:*** **Medicolegal Death Investigator.** Call St. Louis University CME 314-577-8167.

MAY

1 - ***St. Louis:*** **Pancreatic MRI: Virtues and Limitations.** Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

3 thru 7 - ***St. Louis:*** **Spinal Fracture Fixation.** 32 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

19 & 20 - ***Columbia:*** **22nd Annual Conference, Common Childhood Problems: Pediatric Infectious Diseases.** Call MU School of Medicine 573-882-0366.

JUNE

14 thru 17 - ***St. Louis:*** **Summer Geriatric Institute.** Call St. Louis University CME 314-577-8167.

22 thru 24 - ***Kansas City:*** **Recent Advances in Medicine.** 17 credit hours. Call Bob Kelly, Baptist Medical Center Foundation 816-276-7517.

AUGUST

18 thru 20 - ***St. Louis:*** **Cervical Spine Decompression and Stabilization.** 18 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

25 & 26 - ***Columbia:*** **Tenth Annual Conference: Caring for the Frail Elderly.** Call MU School of Medicine 573-882-0366.

SEPTEMBER

5 thru 7 - ***St. Louis:*** **Sellar and Parasellar Pituitary Tumors.** 19 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

8 thru 17 - ***St. Louis:*** **Clinical Neuroanatomy, Neurology & Neurosurgery.** Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

18 thru 21 - ***St. Louis:*** **Cranial Microsurgery - Anatomy and Approaches.** Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

OCTOBER

2 thru 6 - ***St. Louis:*** **Mediolegal Death Investigator.** Call St. Louis University CME 314-577-8167.

6 & 7 - ***St. Louis:*** **Third International Spinal Microsurgery Workshop.** Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

20 thru 22 - ***TBA:*** **23rd Annual Family Practice Update and 25-Year Reunion Department of Family & Community Medicine.** Call MU School of Medicine 573-882-0366.

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nteractive break-out and optional sessions will nclude opportunities such as the *AMA/Intel nternet Health Road Show* and:

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To register for the NLDC and for additional information:

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This day-long skill-building experience on March 25, 2000, is by invitation only and is limited to 50 physicians. The program aims to help physicians succeed in the legislative/regulatory, organized medicine, and managed care arenas. An application, which must be postmarked by December 17, 1999, can be found on the AMA Web site at www.ama-assn.org. Participation includes complimentary registration for the NLDC and CME credit.

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Letters will be published at the discretion of the editor, managing editor, and editorial board.

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Pharmacy Overload

J. Regan Thomas, MD

The first negative experience I had with Andy the pharmacist, I was picking up a prescription for a family member. Although I was absolutely sure the physician had called in the prescription, Andy could not find record of it initially and was obviously irritated that I insisted he recheck. Sure enough it was found, the prescription filled, and I was on my way. I was a bit surprised at his impatience but it was not a big deal and I disregarded the event.

The second time I noticed his behavior was after picking up a prescription and noticing when I returned home that a generic had been substituted. Although the package printed materials noted the substitution and pointed out a significant savings, I thought I should double check and call the pharmacist. The pharmacist was abrupt, obviously irritated, and although he relayed accurate information, he was certainly not displaying the attitude that I expected from a professional. It was not the attitude that I would want my own patients to have to experience when obtaining their medicine. I asked for his name and again it was Andy the pharmacist.

The most recent event with Andy the pharmacist was a face-to-face encounter. I was filling a prescription for my own medication and Andy was typing away on the computer facing me across the counter. For several minutes this continued without any apparent recognition of my presence. Finally I was asked what I wanted, although he continued on the computer. I responded with the name of the medication and the dosage and he continued on the computer terminal. He then asked the same question again and I responded that I could wait until he was caught up. I was told in an abrasive, caustic fashion that I could either request the prescription or not but he didn't have time to deal with me if I was going to be uncooperative.

I'm sure he was in fact very busy, but he displayed an attitude that would certainly not encourage patients to ask questions or seek additional information about their medication. It was not the image that the pharmacy profession would condone or encourage.

Maybe Andy the pharmacist is simply a grouch, or perhaps my three encounters with him were unusual coincidences and not reflective of his usual professionalism. It may also be a symptom of a more serious problem that our colleagues in pharmacy are confronting nationally. Prescription drug use has doubled over the past decade and yet the number of pharmacists has not increased. There is increasing concern over a shortage of pharmacists nationally. A shortage that means longer hours, greater stress, and perhaps greater risk of medication errors. With large drugstore chains dominating the medical market, more and more pharmacists are employed by large companies. They no longer have control over work hours, number of pharmacists employed, or number of prescriptions filled during a given work period. Chronic understaffing has many pharmacists tired, overworked, and concerned about possible medication errors and mistakes. Several high profile lawsuits have recently been litigated based on the wrong medication or wrong dose being supplied to the patient from the drug store.

A recent Associated Press story by newswriter Adam Goodman reported on a survey asking pharmacists if they would still choose the same profession if they could do it over again. Only 45% responded that they would do so. Reportedly that is 10% lower than just six years ago. It is postulated that much of this disenchantment is related to the stress and frustration of confronting a work situation that is understaffed and overworked. Perhaps that is why Andy is such a grouch.

As physicians and as our patients' advocates, we need to take these difficulties seriously. We should support the pharmacy professional organizations' efforts to insure that working conditions and workloads are appropriate for their member pharmacists. We have done the same for housestaff work environments and other groups such as the pilots have similar guidelines. If our patients report problems, especially with medication errors, we should make sure pharmacy directors are aware immediately so steps can be taken to correct their procedures. If our patients are not being treated professionally, we should steer them to a facility where they are dealt with properly. MoMed

Take Advantage of MSMA's Newest Membership Benefits

MSMA Program Cuts Malpractice Premiums

MSMA has received a number of inquiries following the launch of its new medical malpractice insurance program for members, which allows physicians to reduce premium costs.

The program provides two major benefits:

1) members often pay less for their malpractice insurance;

2) the program makes it easier for physicians to change jobs, since the policy will move with the doctor when he or she leaves the employment of a hospital or a physician's group.

MSMA is assisted in this program by Healthcare Insurance Services (HIS), an insurance broker from Houston, Texas specializing in medical malpractice insurance. HIS acts as the insurance broker for approximately 40,000 physicians around the country. The company is lending its expertise to MSMA to insure the program combines high quality and low rates.

Los Angeles-based Farmers Insurance Group will underwrite the policies, something the business has done for 50 years.

According to Farmers, they will offer a minimum of 10-15 percent discount from what most physicians pay now. Farmers has assured MSMA it will meet or beat the rates now available.

If you are interested in receiving a bid to compare to your current premiums, call Tim Aguilar or Hal Kinsey of HIS at 800-733-4474.

MSMA's Medical Savings Accounts

MSMA is pleased to make available a tax-qualified MSA health insurance plan for physicians with self-employment income*. Below is an outline of how Golden Rule Insurance MSAs work to your advantage.

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6) At age 65, withdrawals for any non-qualified purpose are subject only to tax, not a penalty.

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The above have significant experience in physician employment contracts and offer fair prices. Although they have been recommended by the MSMA, please note that we are not responsible for any advice rendered or acted upon.

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Many Thanks, and . . . A Fond Farewell

William Dorzab, MD

In last April's Inaugural Address I stressed the long history and strength of our beloved profession. I described the repeated threats to medical ethics and principles over the centuries. I found the perspective useful as I undertook to serve as your President; to oversee and foster Organized Medicine throughout Missouri.

I have enjoyed an uncommon and privileged journey. I have felt the friendship, respect and collegiality of fellow physicians. I have been welcomed with opened arms into a multitude of medical communities: from Hannibal, Joplin, St. Joseph, to Sikeston and many points in between. I wish everyone could share the experience. It revitalizes the soul to feel the strength of our Profession, the optimism and pride of its members, and to witness the role Organized Medicine plays in our Profes-sion's success in communities of every size.

The goals of the Medical Profession can be abetted in many ways, but in my opinion Organized Medicine is the vehicle best suited to the purpose. The ethics and principles of Organized Medicine closely parallel those of our Profession. This allows the Federation of Medicine to foster the Profession, without reservation or any other consideration.

While meeting the challenges of this decade, this century, or this millennium, some physicians have become discouraged, even despondent. This is a normal reaction to the egregious, insulting interferences with the delivery of medical care we have been forced to endure. I suspect every generation of physicians has had similar challenges. As always, the profession will survive and prosper, but we can best assure its rapid success by drawing from our collective strength by participating in Organized Medicine.

Examples of physicians working together, drawing strength from one another and achieving victories for their patients, are numerous. Two recent, well-publicized examples occurred in Kansas City. Kansas City (along with Phoenix) was "selected" to be a Medicare Managed Care Competitive Pricing Demonstration Project site. During planning and implementation, it became clear to Kansas City physicians that patients' legitimate concerns would be sacrificed in favor of other Project goals. Kansas City's physicians took action through the Metropolitan Medical Society of Greater Kansas City, followed by support at the MSMA and, ultimately, the AMA, to deny very powerful opponents (HCFA, HHS) and to protect Medicare beneficiaries in managed care plans.

In another example many Kansas City physicians independently rejected an unacceptable Kansas City Blue Cross/Blue Shield contract. Surging physician confidence was palpable as doctors began to feel their market power. Careful scrutiny of contracts, education on the details of contract provisions and decision (individually and without collective action) whether a contract's provisions allow patients to be cared for in a medically acceptable manner were all that was necessary for physicians to make the appropriate choices.

The challenge to patients' interests is not over, nor will it ever be. There will always be governmental and business interests which will need to be subordinated to good medical care. Depending upon the circumstances, the best response will vary... marketplace action, legislative effort.... Don't despair. The Missouri State Medical Association, its physician leadership, and able staff are ready to make those efforts, within the context of the Federation of Medicine and to ensure the protection of patients and the Profession's power to care for them.

One hundred fifty years is a long time. The Missouri State Medical Association enjoys an illustrious track record of protecting the Profession's power to care for our patients. As I confidently pass the baton to my able successor, Dr. Gordon Goldman, I am proud and grateful to have had the opportunity to serve out the end of this first 150 years. It shall remain one of my fondest memories. I have no doubt the next 150 will be even better.

MoMed

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House of Delegates Meeting Schedule

Notice to:
Delegates, Alternate Delegates, Officials of the Missouri State Medical Association,
Component Medical Societies and Specialty Societies

SESSIONS OF THE HOUSE OF DELEGATES

willl convene at
Westin Crown Center Hotel, Kansas City, Missouri, at the following times:

THURSDAY, APRIL 6, 2000 - 2:00-4:00 PM
FRIDAY, APRIL 7, 2000 - 4:00-6:00 PM
SUNDAY, APRIL 9, 2000 - 7:30 AM (BREAKFAST MEETING)
(UNDERWRITTEN IN PART BY MISSOURI STATE MEDICAL FOUNDATION)

A member of the Credentials Committee will be present at the Meeting Registration Desk on Thursday, April 6 from 7:00 am - 4:00 pm, Friday, April 7 from 6:30 am - 5:00 pm, and Sunday, April 9 from 7:00 - 7:30 am.

Delegates must bring their Credential Cards for presentation at the Registration Desk. **Delegates must wear their badges to be seated in the House of Delegates.**

REFERENCE COMMITTEE MEETINGS

are scheduled to begin:

THURSDAY, APRIL 6, 2000 - 4:00 PM

Missouri State Medical Association Alliance

AMA Foundation Dinner & Auction

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Radiology Quiz

Roger A. Francis, MD, FACR
Diagnostic Imaging Department
Nevada Regional Medical Center

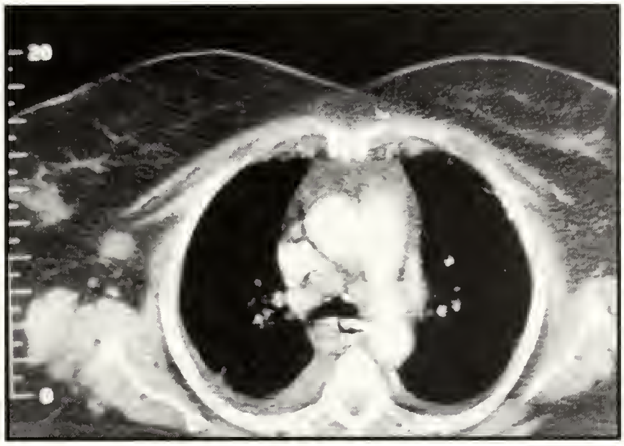

Figure 1

A 72-year-old female was admitted to the hospital complaining of dyspnea. As part of the workup, a contrast enhanced C.T. scan of the chest was performed (figure 1).

What is the most likely diagnosis?

1. **What is the most likely diagnosis**

   a. large central pulmonary embolus
   b. aortic dissection
   c. primary lung carcinoma
   d. metastatic breast carcinoma

(See answer on next page.)

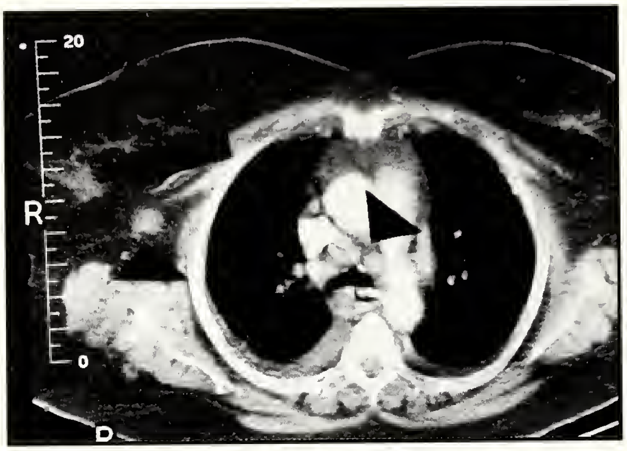

Figure 1 repeated

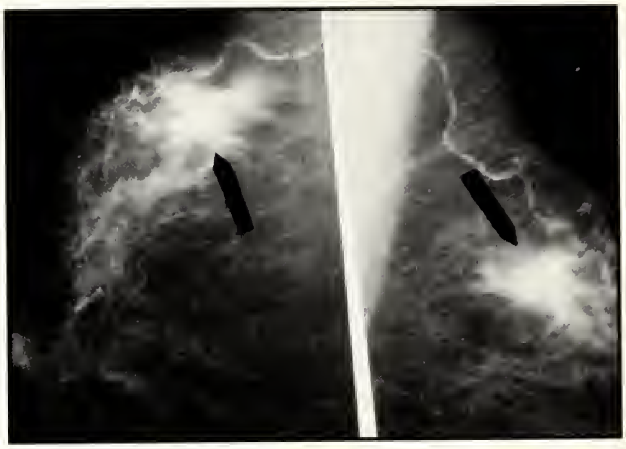

Figure 2

ANSWER
d - metastatic breast carcinoma

The chest C.T. scan (figure 1 repeated) shows lymph node enlargement in the mediastinum and right axilla (arrowheads) as well as a poorly defined zone of mass density in the lateral right breast (arrow). A film screen mammogram was subsequently performed (figure 2) confirming a spiculated mass with microcalcifications in the lateral right breast. Directed physical exam of the right breast revealed a large, fixed mass. The patient underwent excisional biopsy of the right breast, yielding a diagnosis of infiltrating ductal carcinoma (option d is the correct response).

C.T. scanning of the chest has long been used to further elucidate abnormal chest x-ray findings including lung nodules, abnormal hilar or mediastinal contours, or non-clearing infiltrates. The advent of spiral (helical) computer tomography with much faster scanning times has provided excellent contrast visualization of major arteries including aorta, pulmonary arteries and renal arteries. C.T. angiography of the pulmonary arteries has largely replaced conventional angiography in the evaluation of suspected pulmonary embolism. C.T. angiography of the aorta is helpful in suspected dissection or blunt trauma.

Option a, central pulmonary embolus is unlikely since the image submitted shows no evidence of filling defect or obstruction or the pulmonary artery.

Option b, aortic dissection is unlikely since the visualized ascending and descending aorta show no evidence of false lumen or intimal flap.

Option c, primary lung carcinoma could result in mediastinal lymphadenopathy as the test case. However, lung cancer would be less likely to result in breast mass or axillary lymphadenopathy, making option c less likely than option d. MoMed

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The Passing Bell

Gary A. Dyer, MD

The *passing bell*, more commonly known as the *death bell*, on occasion gives the final sound as the blessing of death intervenes in unremitting chronic debilitating illnesses such as Alzheimer's disease.

It was time to say goodbye to Ronnie Greene. The large black bell sat silently hiding in its brick stanchions. Silently too, the crowd moved toward Maple Grove, the small country church in DeKalb County, Missouri, that Friday afternoon in March. Rain was blowing at angles north to south saturating those parts not protected by out of control umbrellas. Gray, overcast skies intensified the penetrating cold. Green grass sprouting from recent warm days carpeted the small churchyard, seconding a familiar saying of the deceased, "If you're green, you're still growing!"

Inside, warm handshakes and hugs were shared among family and friends. Family filled the right side of the sanctuary, friends the left. Pall bearers on the front row were young grandsons and nephews. Echoing nature, the gray casket capped the center isle. Emaciated by ten years of progressive Alzheimer's disease, the Pharaoh-like corpse belied the athletic physique of life. Intensely personal words from multiple hearts retold the story of the simple, stellar life of this husband, father, grandfather, brother, football player, train engineer, farmer and bee keeper. "He Lives", the song he hummed continually as his mind drowned in the relentless disease, was sung by the congregation. One hour passed quickly with many tears of sweet recollection.

Mourners lined the walk as the six emerged, three on a side, turned east toward the graveyard across the road, and began the slow walk to final rest. But then, the bell broke its silence. Tolling in deep resonating voice, the passing bell in rhythmic cadence sang its solemn song. For the unexpecting spine, there was an erie vibration, and for the group, a haunting, penetrating calm. In four minutes, the song of the passing bell was over. The mourners gathered round as the minister read scripture and the touching final prayer was spoken. Heartfelt condolences were given to the family.

The passing bell was still. The rain began anew.

Alzheimer Patient - Waiting

Her mind fog-clouded, she dwells
in a world of confusion.
Hearing voices in the street
she thinks they are her children
laughing on their way from school.
She tilts her head toward the door
listening for their footsteps,
leans forward in her wheelchair,
starts picking at a double
fold of fabric on her dress.
The kindly nurse gently smiled.
"What are you doing, Betty?"
"I'm pleating a skirt for Jane,"
she answered defiantly,
eyes darting around the room
like a small child found guilty.
"I'm waiting for the children'
they'll be here any minute!"
"It's time for bed," she is told
and is briskly wheeled to her room.
"I'm going home tomorrow,"
she vows.
"Call me when they come."

Viola Zumault

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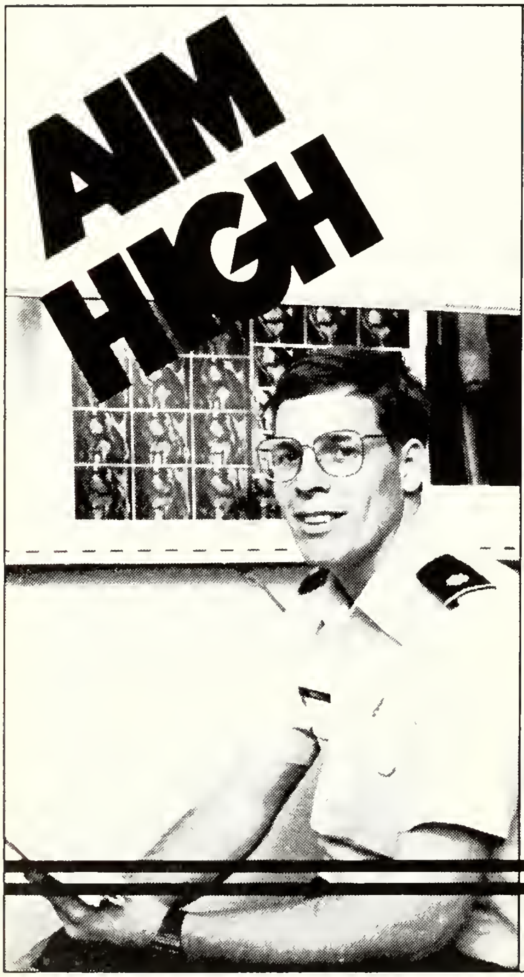
For One Who Faces Blindness

Dear God and Father of Mankind,
You, who created the perfection of a rose
and placed a rainbow of hope in the sky,
have given peace, security and meaning to my life.
While I still can see the dogwood rocket into bloom
and thrill to the bluebird's heralding of spring,
before the years have robbed me of this gracious gift,
let me sing praises, Lord. Let me be grateful for
each rainbow hue, each brilliant sunrise, each
unfolding leaf and budding flower, knowing darkness
comes as surely as the setting of the sun
and I no longer have a choice. Let me hold
nature's boundless beauty in blessed memory that
I may know the joy of spring in life's December.

Viola Zumault

Plan now to celebrate

DOCTOR'S
DAY
March 30



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Trends in Chronic Obstructive Pulmonary Disease Mortality

Nancy Miller, M.Ed; Eduardo J. Simoes, MD;
Jian C. Chang, Ph.D.; and Alexander G. Robling, Ph.D.

ABSTRACT

This study examines the mortality trends for chronic obstructive pulmonary disease (COPD) among whites and African Americans in Missouri from 1980-1996. Data from the Missouri Center for Health Information Management and Epidemiology were used to calculate mortality rates. Missouri's COPD deaths rose 40.6% from 1980-1996. Projections through the year 2006 predict continued escalation in rates. Much of the growth in COPD can be attributed to heavy tobacco use in the population.

BACKGROUND

Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the US, affecting 10% of all adults and resulting in 106,100 deaths annually. The disease causes many years of cough, shortness of breath, respiratory infection and decline in lung function.[1] According to the International Classification of Diseases, 9th Edition (ICD-9), COPD and allied conditions (codes 490-496) include bronchitis, emphysema, asthma, and chronic airway obstruction.[2]

Unlike eight of the ten leading causes of death in the US, whose overall mortality decreased 13% between 1979 and 1995,[3] COPD fatalities increased 47.3%.[4] Smoking is the major risk factor for COPD, accounting for 90% of cases, and the primary intervention is smoking cessation. Additional therapies include use of corticosteroids, bronchodilators and antibiotics for treatment of acute exacerbations, and oxygen for advanced stages of the disease.[5] This study presents trend analysis of Missouri COPD mortality data from 1980-1996, and makes comparisons to US rates.

METHODS

Missouri Center for Health Information Management and Epidemiology (CHIME) death certificate data were used to determine COPD rates for the periods 1980-1996 and 1990-1996. Yearly rates per 100,000 population were computed by age (over and under age 65), gender, race (white, African American, and all), and were age-adjusted by the direct method to the US 1940 standard million population. The annual percent change for deaths by gender and race was determined using linear regression of the natural logarithm of the rate. Projected COPD mortality rates through the year 2006 were estimated by predicting linear equations of yearly rates. Missouri's mortality was compared to that of the US National Center for Health Statistics (NCHS).[6]

RESULTS

During the period 1980-1996, Missouri COPD deaths grew 2.2% annually to an overall 40.6% ($p=.001$). This expansion was due primarily to a 114.8% rise in deaths among white women and 197.4% in African American women (Table 1). Rates among African American males grew by 54.1% ($p=.01$) throughout this time, compared to 4.8% (not statistically significant) among white males. COPD fatalities in whites were 24% greater than those of African Americans overall from 1980-1996. However, during this same period, COPD rates rose 96.2% in African Americans and 38.1% in whites. In 1996, 2,516 Missourians died from COPD. Missouri counties with the highest COPD rates during 1987-1997 include Iron (36.9), St Francois (32.2), Wright and Cass (31.8), compared to the state rate of 22.6 per 100,000 (not in tables).[7]

For individuals under age 65, Missouri's 1980-1996 COPD mortality rate was 6.6 vs. 213.4 per

100,000 among those over age 65. Although the difference in death rates among those who are under age 65 was 18% greater among African Americans (7.7) vs. whites (6.5), this difference reversed among older Missourians (not in tables). The rate among whites age 65+ (218.9) was 53% more than that of similarly aged African Americans (143.3 per 100,000).

Compared to the 1996 overall annual rate (23.1), estimated COPD mortality projections for the year 2006 (30.4 per 100,000) predict continuing increases of 32% among Missourians—based on rates remaining steady. We also forecast a 106% increase in COPD deaths among African American women, from a rate of 17.3 in 1996 to 35.6 per 100,000 in 2006 (Table 1). This is compared to a 64% projected expansion in white women and a 67% rise in African American males, versus 14% in white males.

Table 1 Missouri age adjusted COPD mortality rates, period percent changes, and year 2006 rate projections

Rates are per 100,000, age adjusted and standardized to the 1940 US population. Population estimates by year-DOH Center for Health Information Management and Epidemiology. Year 2006 projected rates based on 1980-1996 annual percent change.

Race	Gender	1980-1996 Mortality Rate	1980-1996 Period % Change	1990-1996 Mortality Rate	1990-1996 Period % Change	Projected Yr. 2006 Rate
All	Total	20.8	+ 40.6 (p=.001)	22.6	+ 9.2 (p=.05)	30.4
All	Female	14.5	+ 117.4 (p=.001)	17.5	+ 22.5 (p=.01)	33.5
All	Male	30.2	+ 6.9	30.4	- 1.0	32.5
White	Total	21.1	+ 38.1 (p=.001)	22.8	+ 8.8 (p=.05)	30.2
White	Female	14.7	+ 114.8 (p=.001)	17.8	+ 21.1 (p=.01)	33.7
White	Male	30.6	+ 4.8	30.6	- 1.0	32.3
African American	Total	17.0	+ 96.2 (p=.001)	19.4	+ 13.3	33.4
African American	Female	11.7	+ 197.4 (p=.001)	14.1	+ 36.7 (p=.05)	35.6
African American	Male	25.1	+ 54.1 (p=.01)	27.6	- 2.8	38.2

We also compared Missouri's COPD mortality with that of lung cancer, during the same time period. In both diseases, we find large rate escalations over the past 17 years, with continued increases going well into the next decade, particularly for women. COPD mortality is lower than but runs parallel to that of lung cancer, and it rose 40.6% vs. 25% for lung cancer from 1980-1996 (Figure 1).[8] Age-specific rates of COPD and lung cancer during the 17-year period show sharp increases with advancing age, with male rates well above those of females (not in tables).

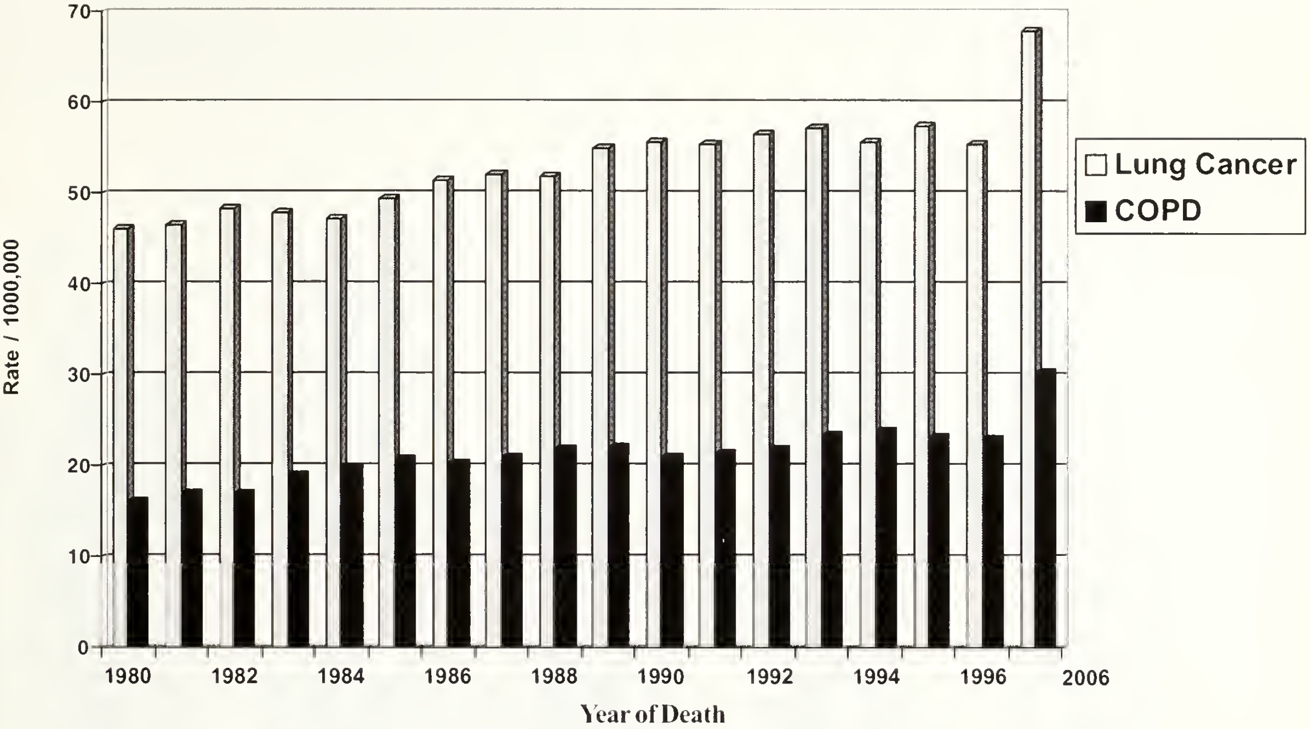
During the 1990-1996 period, overall COPD fatalities grew 9.2% (p=. 05), with the largest increase among African American women (36.7%, p=. 05) and the greatest decline seen in African American men (-2.8%, not statistically significant). Missouri rates exceed those nationally for each group by race and gender (Figure 2). The data reported here are limited by errors in diagnosis, disease coding, and completeness of reporting.

DISCUSSION

These results show that 1990-1996 COPD deaths continued to escalate (except among males) but at slightly lower percentages than earlier (1980-1996). Comparing COPD rates with those of the US since

Fig. 1 **Age adjusted lung cancer vs. COPD mortality, MO 1980-1996 and 2006 projection**

Rates are per 100,000, age adjusted and standardized to the 1940 US population. Population estimates by year-DOH Center for Health Information Management and Epidemiology. Year 2006 projected rates based on 1980-1996 annual percent change.



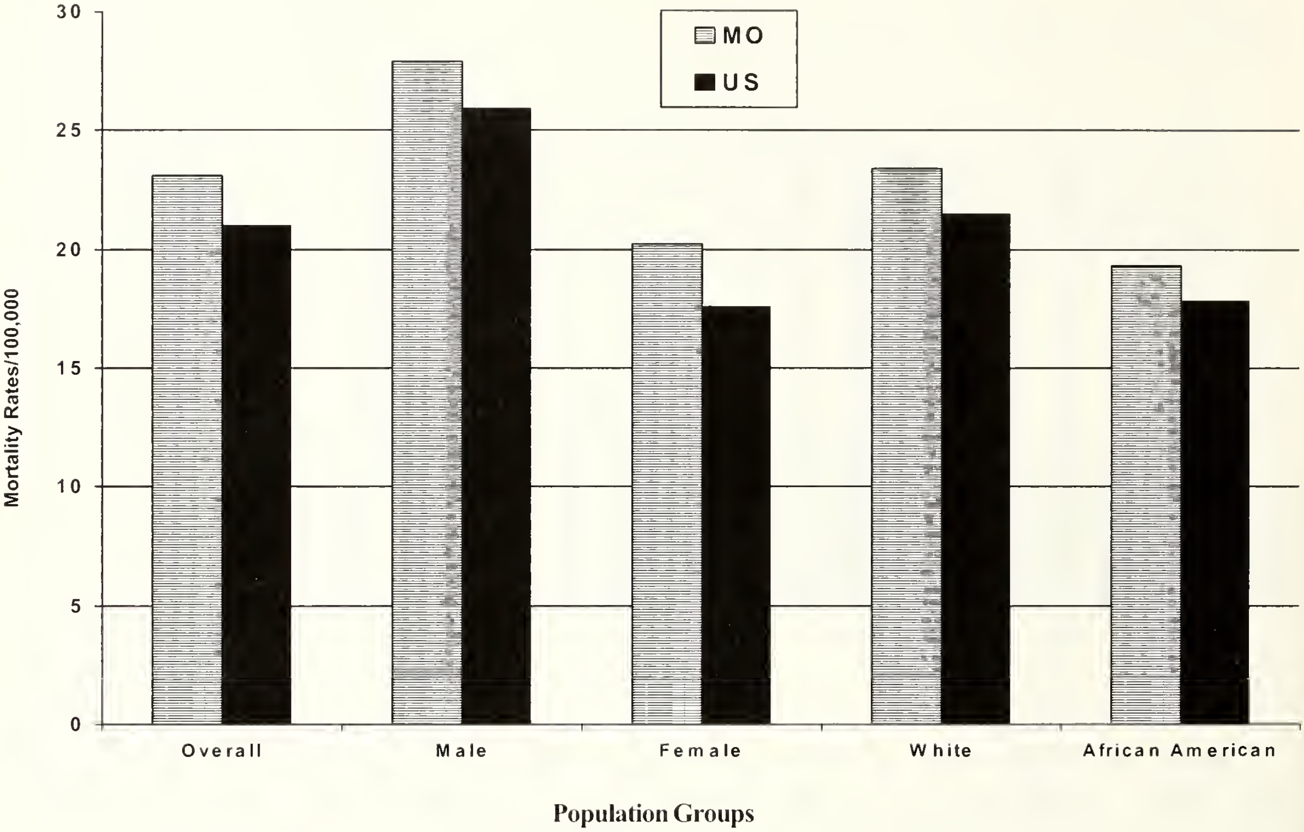
1979 reveals that although Missouri's mortality has been greater, its overall trend runs parallel to that of the US.[4] This may be due to the fact that Missouri's adult smoking prevalence has been above the national average for some time, and now at 28.6% (1997), is second highest in the US.[9] COPD and lung cancer deaths will continue to escalate in Missouri because of the long latency period between initiation of smoking and onset of the disease. Additionally, because Missouri's smoking rates are rising, COPD as well as other smoking related illnesses will keep expanding for some years to come. This is especially true as Missouri's prevalence of smoking among high school student's ranks fifth highest at 40.3% (1997).[10]

Yet, several states have implemented innovative programs that have successfully reduced cigarette consumption, especially among youth. For example, in 1996 Oregon voters approved a 30-cent increase in the cigarette tax, with a portion allocated to tobacco use prevention. As a result, per capita cigarette consumption declined 11.3% and the prevalence of smoking dropped 6.4% between 1996 and 1998.[11] Similar programs were implemented in California and Massachusetts. Likewise, in 1997 Florida implemented a program targeting smoking among youth using funds from their settlement of a lawsuit against the Tobacco Industry. In a one-year period from 1998 to 1999, the current smoking prevalence of smoking among middle school students dropped 20% while the rate dropped 8% among high school students.[12] The Florida program's success in reducing smoking among youth was greater than any annual decline observed nationally among youth since 1980.[13]

The similarities among these successful programs include multi-dimensional components, sustained efforts, and their multi-million dollar budgets focused on tobacco use prevention. According to the Office of Smoking and Health at the Centers for Disease Control and Prevention, a "model" tobacco prevention program is comprehensive with community and school programs including prevention, smoking cessation, counter marketing, surveillance and evaluation. For Missouri, CDC recommends an effort costing $85.6 million.[14] Currently, the Missouri Department of Health's total budget on tobacco use prevention is a $1 million dollar annual federal grant. It is important for physicians and public health personnel to provide support for additional efforts to significantly prevent and reduce tobacco use in Missouri. MoMed

Fig. 2 1996 Age adjusted COPD mortality rates per 100,000 population, MO vs. US

Rates are per 100,000, age adjusted and standardized to the 1940 US population. Population estimates by year-DOH Center for Health Information Management and Epidemiology.



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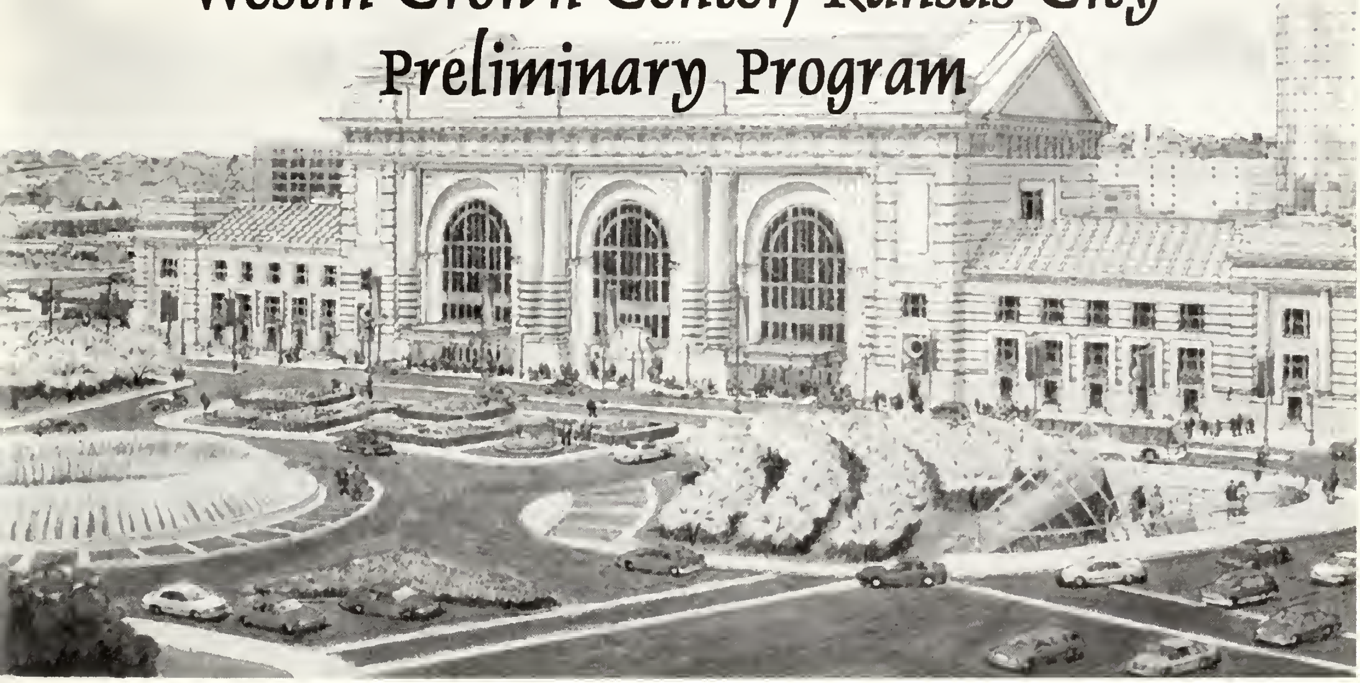
MSMA
Sesquicentennial Convention

April 6-9, 2000

Westin Crown Center, Kansas City

Preliminary Program



Kansas City's restored Union Station opened as the home of Science City in November 1999. Physicians will have the opportunity to visit Union Station while attending Missouri State Medical Association's Sesquicentennial Convention. Please mark your calendar and plan to join us as MSMA takes medicine into the new millennium and celebrates its 150th anniversary along with the MSMA Alliance celebrating its 75th anniversary.

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Protecting the Health of
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to the Health of Missourians

MSMA

PROTECTING THE HEALTH OF
MISSOURIANS FOR 150 YEARS

Annual Convention General Sessions

Educating Physicians About End-of-Life Care (EPEC)

Friday, April 7 ❖ 8:30-10:30 am

Objectives: Identify gaps in end-of-life care; Discuss common barriers to providing consistently excellent care at the end of life; Provide training in the process of palliative care; Encourage continued education through the EPEC curriculum; Provide the opportunity to discuss use of opioids; and Describe what Missouri's Intractable Pain Act protects and how it can be used to futher treatment.
Needs: National organizations have determined that there is an important gap between what can be done to provide excellent end-of-life care and what actually occurs in this country. The American Medical Association has responded by a joint project with The Robert Wood Foundation to bring education to physicians. EPEC is that program.
Speakers: James Duff, MD and Anthony Guarino, MD
Moderator: William Dorzab, MD

underwritten by Purdue Pharma, L.P.

Physician Negotiations

Saturday, April 8 ❖ 8:00-9:30 am

Objective: This general session will make you aware of the legal implications involved in organizing negotiations with employers concerning patient care and physician practice.
Needs: Physicians have requested detailed information on how a physician negotiating organization would benefit patient care.
Speaker: Mr. Ross Rubin
Moderator: Michael Munger, MD and William Dorzab, MD

offered jointly by the
Missouri Academy of Family Physicians & Missouri State Medical Association

Practical Strategies for Improving Doctor-Patient Communication

Saturday, April 8 ❖ 3:15-4:30 pm

Objectives: At the conclusion of this educational offering participants will be able to: Distinguish between the biomedical and communication tasks in the medical encounter; Appreciate that communication is a skill that can be learned and improved; Describe the empiric research on the relationship between skillful communication and health outcomes, patient and physicians satisfaction, and malpractice; Be able to define engagement, empathy, education, and enlistment; and list at least three specific strategies to improve engagement, empathy, education, and enlistment.
Needs: Program content was selected from physician's comments obtained from previous evaluations.
Speaker: Thomas Gallagher, MD
Moderator: William Dorzab, MD

underwritten by Missouri State Medical Services

EMTALA Regulations

Saturday, April 8
1:30-3:00 pm

Objectives: At the conclusion of this program the participants will be able to: State the legal requirements involved in patient transfers; Define the terms patient transfer, medical screening examination, and stabilization; Explain the emergency consent theory and how to evaluate a patient's capacity to give consent; Understand the procedures employed by US federal and State of Missouri regulatory authorities in conducting investigation into alleged EMTALA violations; Understand how to respond to HCFA investigation into alleged EMTALA/COBRA violations; and Understand regularoy forms.
Needs: Program content was selected from physician's comments obtained from previous program evaluation. Due to an increased number of EMTALA-related investigations, this educational activity is designed to ensure compliance with EMTALA/COBRA regulations to avoid catastrophic sanctions.
Speaker: Eugene Ogrod, MD
Moderator: William Dorzab, MD

underwritten by
Missouri Patient Care Review Foundation

Candidate Forum

Friday, April 7
11:00-12:30 pm

Plans are in the works to bring rival candidates for important statewide office to address and field questions from the MSMA House of Delegates. You won't want to miss this outstanding opportunity to hear first-hand from the candidates themselves.

A Convention to Attend:

MSMA's Sesquicentennial Convention

Experience the Past - Face the Future

A Celebration of 150 Years - Waiting for You!

This year's Convention
April 6-9 at the Westin Crown Center in Kansas City
is a true cause for celebration!
Experience medical exhibits from Missouri's history,
and enjoy a President's Inauguration Celebration
with entertainment, fun, music, food, and refreshments
honoring incoming MSMA President
Gordon Goldman, MD, St. Louis,
and Alliance President Eileen Chalk, Washington.

MSMA Sponsored Annual Meetings and Events

Thursday, April 6

7:00 am-4:00 pm	MSMA Registration
2:00-4:00 pm	Opening Session, MSMA House of Delegates
4:00-5:30 pm	MSMA Reference Committees

Friday, April 7

6:30 am-5:00 pm	MSMA Registration
7:00-8:30 am	Missouri Physicians Health Committee Breakfast Meeting
8:30-10:30 am	General Session - *Educating Physicians About End-of-Life Care*
11:00 am-Noon	Open Forum on AMA Issues
11:00 am-12:30 pm	General Session - *Candidate Forum*
11:00 am-1:00 pm	Medical Student Section Delegate Luncheon
4:00-6:00 pm	Second Session, MSMA House of Delegates

Saturday, April 8

6:30 am-2:00 pm	MSMA Registration
7:00-8:00 am	Missouri State Medical Foundation Board Breakfast Meeting
7:00-8:00 am	Young Physicians Section Breakfast Meeting
8:00-9:30 am	General Session - *Physician Negotiations*
11:00 am-Noon	MMPAC Meeting
1:00-5:00 pm	International Medical Graduates Section Program
1:30-3:00 pm	General Session - *EMTALA Regulations*
3:15-4:30 pm	General Session - *Practical Strategies for Improving Doctor-Patient Communication*
6:30-7:30 pm	Presidential Inauguration
7:30-9:30 pm	Presidential Reception

Sunday, April 9

7:30 am	Final Session, MSMA House of Delegates Breakfast Meeting

Annual Meetings and Events

Thursday, April 6

6:45-8:00 am	Moneta Breakfast
7:00-4:00 pm	MSMA Registration
Noon-1:00 pm	St. Louis Metropolitan Medical Society Luncheon Caucus
Noon-1:00 pm	Metropolitan Medical Society of Greater Kansas City Luncheon Caucus
2:00-4:00 pm	Opening Session, MSMA House of Delegates
4:00-5:30 pm	MSMA Reference Committees

Friday, April 7

6:30-5:00 pm	MSMA Registration
7:00-8:30 am	Council Districts 1, 2, 4, 5, 6, 8, 9, 10 Breakfast Meetings
7:00-8:30 am	Missouri Physicians Health Committee Breakfast Meeting
7:30-9:00 am	University of Missouri-Columbia Alumni Board of Governors Breakfast Meeting
8:30-10:30 am	General Session - *Educating Physicians About End-of-Life Care*
10:30-11:00 am	Intermission to View Exhibits
11:00-Noon	Open Forum on AMA Issues
11:00-Noon	Missouri State Surgical Society Program
11:00-12:30 pm	General Session - *Candidate Forum*
11:00-1:00 pm	Medical Student Section Delegate Luncheon
Noon-1:00 pm	Metropolitan Medical Society of Greater Kansas City Luncheon
Noon-2:00 pm	University of Missouri-Columbia Alumni Luncheon
2:00-2:30 pm	Intermission to View Exhibits
2:00-3:00 pm	Missouri State Surgical Society Program
2:00-4:00 pm	St. Louis Metropolitan Medical Society Caucus
2:00-4:00 pm	Missouri Society of Otolaryngology-Head & Neck Surgery Program
4:00-6:00 pm	Second Session, MSMA House of Delegates
6:00-7:30 pm	Washington University School of Medicine Alumni Reception
6:00-7:30 pm	University of Missouri-Columbia School of Medicine Alumni Reception
6:00-7:30 pm	University of Missouri-Kansas City School of Medicine Alumni Reception
6:00-7:30 pm	St. Louis University School of Medicine Alumni Reception
6:00-7:30 pm	Missouri Chapter of the ACP-ASIM Program
6:30-8:30 pm	Missouri Academy of Family Physicians Dinner Board Meeting
7:30-11:00 pm	Alliance Benefit for AMA Foundation

Saturday, April 8

6:30-2:00 pm	MSMA Registration
7:00-8:00 am	Missouri State Medical Foundation Board Breakfast Meeting
7:00-8:00 am	Young Physicians Section Breakfast Meeting
7:00-9:00 am	Missouri Society of Otolaryngology - Head and Neck Surgery Breakfast Meeting
7:30-9:00 am	Missouri Radiological Society Breakfast Meeting
7:30-9:15 am	Missouri Society of Anesthesiologists Breakfast
8:00-9:00 am	Missouri Society of Anesthesiologists First House of Delegates
8:00-9:00 am	Missouri Association of Plastic & Reconstructive Surgeons Board Breakfast Meeting
8:00-9:30 am	General Session - *Physician Negotiations*
8:15-11:45 am	Missouri Dermatological Society, Inc. Program
9:00-Noon	Missouri Society of Otolaryngology - Head & Neck Surgery Program
9:15-11:15 am	Missouri Society of Anesthesiologists Program
9:45-11:45 am	Missouri State Neurological Society Program

Annual Meetings and Events

Saturday, April 8 *(continued)*

10:00-11:00 am	Missouri Chapter American College of Surgeons Program
10:00-Noon	Missouri Association of Plastic & Reconstructive Surgeons Program
10:00-Noon	Central Society of Physical Medicine & Rehabilitation Program
10:30-11:00 am	Intermission to View Exhibits
11:00-Noon	Missouri Radiological Society Program
11:00-Noon	MMPAC Meeting
11:30-12:15 pm	Missouri Society of Anesthesiologists Luncheon
11:30-1:00 pm	American Cancer Society, Heartland Division; Missouri Chapter American College of Surgeons; Missouri State Surgical Society Luncheon
Noon-1:00 pm	Missouri Radiological Society Luncheon Meeting
Noon-1:30 pm	Missouri Society of Otolaryngology - Head & Neck Surgery Luncheon Program
Noon-1:30 pm	Central Society of Physical Medicine & Rehabilitation Luncheon
Noon-1:30 pm	Missouri Association of Plastic & Reconstructive Surgeons Luncheon
12:15-1:30 pm	Missouri Society of Anesthesiologists Reference Committee
1:00-2:00 pm	Missouri Radiological Society Program
1:00-5:00 pm	International Medical Graduates Section Program
1:30-3:00 pm	Missouri Society of Anesthesiologists Program
1:30-3:00 pm	Central Society of Physical Medicine & Rehabilitation Program
1:30-3:00 pm	General Session - *EMTALA Regulations*
1:30-4:30 pm	Missouri Association of Plastic & Reconstructive Surgeons Program
3:15-4:00 pm	Missouri Society of Anesthesiologists Second House of Delegates
3:15-4:30 pm	General Session - *Practical Strategies for Improving Doctor-Patient Communication*
4:30-5:00 pm	International Medical Graduates Section Business Meeting
6:30-7:30 pm	MSMA Presidential Inauguration
7:30-9:30 pm	MSMA/MSMAA Presidential Reception

Sunday, April 9

7:30-9:00 am	Final Session, MSMA House of Delegates Breakfast Meeting
9:30-11:30 am	Christian Medical & Dental Society Program

PREREGISTRATION

Registration for MSMA's Sesquicentennial Convention is *easy!*
FAX: Registration form to 573-636-8552
MAIL: MSMA, P.O. Box 1028, Jefferson City, MO 65102
INTERNET: Register over the Internet at *www.msma.org*.

Name

Mailing Address

City/State/Zip

Delegate ☐ *Member* ☐ *Non-Member* ☐

Daytime Phone Number

Medical Specialty *Component Medical Society*

Upon receipt of your preregistration, you will be mailed a confirmation card to present at the Sesquicentennial Convention registration desk. Your registration packet and name badge will be ready for pick-up.

Check the sessions you will be attending:

_____ *Candidate Forum*
_____ *EPEC (End-of-Life-Care)*
_____ *EMTALA Regulations*
_____ *Physician Negotiations*
_____ *Practical Strategies for Improving Doctor-Patient Communication*

MISSOURI SOCIETY OF ANESTHESIOLOGISTS

Saturday, April 8	
7:30-9:15 am	Continental Breakfast
8:00-9:00 am	First House of Delegates
9:15-11:15 am	Program
9:15	**Palliative Care and the Anesthesiologist** *Richard Morgan, MD*
10:15	**Computer Update for the New Millennium** *Eugene Worth, MD*
11:30-12:15 pm	Luncheon
12:15-1:30 pm	Reference Committee
1:30-3:00 pm	Program **ASA Legislative Update** *Ms. Diane Turpin*
3:15-4:00 pm	Second House of Delegates

Objectives: 1) To improve specific computer skills for the anesthesiologist; 2) To address issues of palliative care pain management for the anesthesiologist; 3) To become familiar with and act upon national issues (legislative) affecting anesthesiologists.

Needs: Computer literacy becoming a necessity in the practice of anesthesia, palliative care an issue nationally affecting anesthesiologists in pain medicine, and update of legislative information on the national level.

Moderators: Barbara Bollier, MD and Michael Crocker, MD

MISSOURI DERMATOLOGICAL SOCIETY, INC.

Saturday, April 8	
8:15-11:45 am	Program
8:15	**Welcome, Dermatology for Non-Dermatologists** *James Deeken, MD*
8:20	**Update on Management and Treatment of Eczema** *James Deeken, MD*
9:00	**Update on Psoriasis** *Dee Ana Glaser, MD*
9:45	**HPV and Beyond** *Amit Pandya, MD*
10:45	**Update on Management of Hair Loss** *Patrick Carrington, MD*

Objectives: After attending this program, participants should be able to identify, diagnose and treat eczema, psoriasis and manage hair loss. Now dermatologists will have a better understanding of problems relating to their practice.

Needs: Based on needs of patients referred to us.

Moderator: James Deeken, MD

MISSOURI ACADEMY OF FAMILY PHYSICIANS

Friday, April 7	
6:30-8:30 pm	Board of Directors Dinner Meeting
Saturday, April 8	
8:00-9:30 am	General Session **Physician Negotiations** *Mr. Ross Rubin*

Objectives: To provide detailed information for physician negotiations under the federal labor and antitrust laws.

Needs: To insure that physicians are aware of the legal implications involved in negotiations.

Moderators: Michael Munger, MD and William Dorzab, MD

MISSOURI CHAPTER OF THE ACP-ASIM

Friday, April 7
6:00-7:30 pm Program
What Residents Should Know Before Their First Year of Practice - Employment Contract Basics
Mr. Randy Gerber

Moderator: Warren Lovinger, Jr., MD

INTERNATIONAL MEDICAL GRADUATES

Saturday, April 8
1:00-4:30 pm Program

1:00 **Angiotensin Receptor Blockers**
Madhukar Misra, MD

1:30 **The Best Time to Start Dialysis in Chronic Renal Failure Patients**
Karl Nolph, MD

2:00 **Newer Trends in Treatment of Rheumatoid Arthritis**
Geetha Reddy, MD

3:00 **Metastatic Bone Pain Palliation with Radionuclides**
Amolak Singh, MD

3:30 **Isolated Systolic Hypertension: Risk and Treatment**
Ramesh Khanna, MD

4:00 **Failure to Relax: Diastolic Dysfunction of the Heart - Concepts and Management**
Kul Aggarwal, MD

4:30-5:00 pm Business Meeting

Objectives: After attending this multi-specialty program, open to any physician registered to attend the Annual Convention of the Missouri State Medical Association, participants will be able to: 1) Understand the mechanism of action and clinical usage of angiotensin receptor blocking agents; 2) Learn about the various newer oral hypoglycemic agents and their appropriate use in clinical practice; 3) Understand the latest trends in management in the field of rheumatoid arthritis; 4) Understand the indications of dialysis in chronic renal failure and learn practical management strategies in such patients; 5) Understand the indications and role of radionuclide therapy in bone tumors; and 6) Understand the pathophysiology of diastolic dysfunction and management strategies of diastolic heart failure.

Needs: Feedback from attendees at previous scientific sessions, discussion with experts in various fields for clinically relevant recent advances, and requests for future presentations from the audience.

Moderators: Kul Aggarwal, MD and Ramesh Khanna, MD

Hotel Reservations

You may arrange your hotel reservations at the Westin Crown Center by calling 816-674-4400. Please indicate you will be attending the Missouri State Medical Association's Annual Convention.

MISSOURI STATE NEUROLOGICAL SOCIETY

Saturday, April 8
9:45-11:45 am Program
Update on New Seizure Control Medications
Dean Naratoko, MD

Objectives: The attendees will have a clearer understanding of the treatment options available to them when treating patients with seizures.

Needs: It was felt by the leadership that this topic would be of interest to neurologists, general practitioners, and others who treat patients with seizures.

Moderator: Joseph Hanaway, MD

Missouri Society of Otolaryngology - Head and Neck Surgery

Friday, April 7

2:00-4:00 pm	Program
2:00	**Infant Hearing Screening** *G. Robert Kletzker, MD*
3:00	**Evaluation and Management of Parotid Gland Lesions** *George Gates, MD*

Saturday, April 8

7:00-9:00 am	Breakfast Business Meeting
9:00-Noon	Program
9:00	**Frontal Sinus Fungal Infections** *Walter Schroeder, MD*
9:20	**Computer-Assisted Sinus Surgery** *Martin Citardi, MD*
9:40	**Hyperbaric Oxygen in Otolaryngology** *Jon Snow, MD*
10:20	**Botulinum Toxin Utilities in Otolaryngology** *Frank Simo, MD*
10:40	**Floor of Mouth Cancer** *James Boyd, MD*

Objectives: To update otolaryngologists on a variety of specific entities related to the specialty practice. Topics to be included are management of salivary gland diseases, facial paralysis, lasers in otology, adeno tonsillar infection, infant hearing screening, and otolaryngologic complications from scuba diving.

Needs: The program committee evaluated responses from last year's program to assess the lecture's qualities in terms of content, presentation and effectiveness in communicating with the attendees. Topics to be presented were based on requests from previous conference attendees and program committees.

Moderator: G. Robert Kletzker, MD

Saturday, April 8, 2000 *(continued)*

11:20	**Lasers in Otology** *Bradley Thedinger, MD*
11:40	**Cochlear Implants in Children** *Rodney Lusk, MD*
Noon-1:30 pm	Luncheon Program **Update on Meniere's Disease** *George Gates, MD*

Central Society of Physical Medicine & Rehabilitation

Saturday, April 8

10:00-Noon	Program
10:00	**Overview of the Major U.S. Disability Systems** *Robert Rondinelli, MD*
10:30	**Impairment Rating Guidelines to the Musculoskeletal System** *Richard Katz, MD*
11:00	**Work Fitness Determination** *Robert Rondinelli, MD*
11:30	**Independent Medical Examination and Reporting Requirements** *Richard Katz, MD*
Noon-1:30 pm	Luncheon
1:30-3:00 pm	Program
1:30	**The Issue of Pain and Disability** *Robert Rondinelli, MD*
2:15	**Residents' Scientific Presentations** *TBA*

Objectives: 1) Describe the major U.S. Disability Systems (tort law, workers compensation, social security, VA compensation, and pensioning) in terms of definitions, entitlements, benefits and physician reporting requirements; 2) Apply the AMA guides to impairment rating of the musculoskeletal system; 3) Apply functional capacity evaluations to work fitness assessment and rating; 4) List the eight steps of physician reporting requirements for the independent medical examination; and 5) Examine the problem of pain as it pertains to impairment ratings.

Needs: Physicians in our field are asked to do a disability evaluation for permanent impairments. Such requests come from primary care physicians as well as specialists such as neurosurgeons and neurologists. There are several national seminars, but many physicians are not able to attend these meetings because of limited enrollment. Talking to many family physicians we have determined a need to discuss this topic in detail.

Moderators: George Varghese, MD and Charles Kelly, MD

President's Inauguration Celebration

Saturday, April 8, 6:30 pm

Caricature Drawing

Magicians

Handwriting Analysis

HEAVY HORS D'OEUVRES

Celebrate with MSMA's incoming President, Gordon Goldman, MD, as he leads an evening of fun, music, food, and refreshments during the Inauguration. Exciting vaudeville displays and spectacular entertainment await all guests!

Be sure to attend! ONLY guests of the Inauguration will receive the commemorative 64-page "History of Missouri State Medical Association" compiled by physician members outlining the last 150 years.

MISSOURI ASSOCIATION OF PLASTIC & RECONSTRUCTIVE SURGEONS

Saturday, April 8	
8:00-9:00 am	Board of Directors Breakfast Meeting
10:00-Noon	Program **Update on Breast Surgery** *Scott Spear, MD*
Noon-1:30 pm	Luncheon
1:30-4:30 pm	Program **Complications in Breast Surgery** *Scott Spear, MD; Edmond Cabbabe, MD; and Meredith Payne, MD*
	Legislative Update on Breast Implants *Herluf Lund, MD*

Objectives: Physicians will learn newest developments in breast surgery to inlcude indications, planning, technique, and post-operative management in the event of and without complications. They will be updated about implants safety and how best to minimize complications of breast surgery.

Needs: Program is selected to inform physicians about newest developments in breast augmentations including techniques, indications, post-operative care and prevention as well as management of complications. Also will discuss the latest information about breast implants.

Moderator: Edmond Cabbabe, MD

underwritten by Wyeth-Ayerst

MISSOURI RADIOLOGICAL SOCIETY

Saturday, April 8	
7:30-9:00 am	Breakfast Meeting
11:00-Noon	Program **Legislation Impacting Medical Care** *Pat Danner, Member of Congress*
Noon-1:00 pm	Luncheon Meeting **The College of Radiology - Where Are We?** *Mr. Bradley Short*
1:00-2:00 pm	Program **What's New in Radiology?** *Mr. Joseph Barry*

Non-CME offering.

Moderator: James Chapman, MD

MISSOURI CHAPTER AMERICAN COLLEGE OF SURGEONS

MISSOURI STATE SURGICAL SOCIETY

AMERICAN CANCER SOCIETY, HEARTLAND DIVISION

Friday, April 7

11:00-Noon Program

Strategies for Judicious Use of Antibiotics
Richard Heimburger, MD

Surgical Principles
William Salzer, MD

Antibiotic Choices
Marion Warwick, MD

2:00-3:00 pm **The Bleeding of Medicare**
Medicare, HCFA, and the Physician
Charles Van Way, III, MD

Saturday, April 8

10:00-11:00 am Program

10:00 **Spectacular Cases in Trauma**
Marc Shapiro, MD

10:30 **Death on a Sunny Day**
The Threat of Biological Warfare
Charles Van Way, III, MD

11:30-1:00 pm Cancer Liaison Luncheon

Noon **Image-Guided Breast Surgery**
David Ota, MD

12:30 **Update the Goals of the Cancer Commission, American College of Surgeons**
Michael Bukstein, MD

Objectives: (Friday, 11:00-Noon)
1) Recognize the organisms (and their corresponding geographic distribution) to which resistance has developed to the greatest degree in Missouri facilities; 2) Relate the underlying mechanisms of resistance developed by the organisms; 3) List the antibiotics which are less likely to become ineffective; 4) Identify internet sources of information about antibiotics organisms and resistance; 5) Select antibiotics effective for patients whose organisms have developed resistance; 6) Discuss strategies that have been effective for reducing the development of resistance; and 7) Present data reflecting reports from Missouri facilities.
Needs: MSMA's previously passed 1996 resolution affirming the intent to promote judicious use of antibiotics and the Advisory Committee for Infection Prevention and Control's 1999 revised "Green Book" has been instrumental in developing the design of the program to increase the level of awareness among physicians.

Moderator: Richard Heimburger, MD

Objectives: (Friday, 2:00-3:00)
1)To understand the implications of the Federal initiatives to "save Medicare", 2) To understand the results of the Balanced Budget Act of 1997, 3) To learn about PATH audits, and other actions taken against medical schools and teaching hospitals, 4) To learn how to use the political system by listening to the story of the "Managed Medicare Competitive Process Demonstration Project" in Kansas City, and 5) To understand how the initiatives being discussed in the current Presidential and Congressional campaigns will affect the Medicare system.
Needs: Due to the affects of the Medicare system on physicians, this program is designed for a better awareness and an overivew of what is current.

Objectives: (Saturday, 10:00-10:30)
1) Examine the current clinical management trends in the care of the trauma patient; 2) Describe the new innovations in technology utilized in trauma care; 3) Discuss the impact of technological advances in trauma care; and 4) State the ABCs associated with trauma evaluation and management.
Needs: "Fascinomas" in trauma defer the clinician's thought process from taking care of patients in a logistical fashion. Through the presentation of a number of spectacular cases, this educational activity was designed. Basic principles of trauma care will be applied and stressed.

Objectives: (Saturday, 10:30-11:00)
1) To understand the threat of biological warfare; 2) To understand the basic types of biological weapons; 3) To learn how to recognize a possible attack; 4) To understand how to respond to a biological attack; and 5) To learn why bio-terrorism must be taken seriously in the 21st century.
Needs: Due to the possibility of the threat of biological warfare, this program is designed for a better awareness and an overview of what is current.

Objectives: (Saturday, Noon-12:30)
1) To understand the role of surgeons in image-guided breast biopsy; 2) To understand new imaging techniques to state the axillary nodes; 3) To understand the future of ultra-guided breast cancer treatment.
Needs: Physicians' evaluations were utilized to select this educational activity: breast cancer.

Objectives: (Saturday, 12:30-1:00)
To give an overview of the current goals and changes of the Commission on Cancer, American College of Surgeons, and what the expectations are for the future.
Needs: Physicians' evaluations were utlized to select this educational activity on the guidelines and new information from the Commission on Cancer, American College of Surgeons on the Approvals Program for Hospitals.

MSMA's Sesquicentennial Convention

Experience the Past - Face the Future

Two Historical Convention Souvenirs

- Attendees will receive a commemorative medal to pin on their lapel, reminiscent of attendance ribbons worn at conventions from yesteryear.

- Convention participants who attend the President's Inauguration Celebration on Saturday night will receive a 64-page "History of Missouri State Medical Association" compiled by physician members outlining the last 150 years.

CHRISTIAN MEDICAL & DENTAL SOCIETY

Sunday, April 9
9:30-11:30 am Program
Rekindling the Joy of Medicine
Dave Stevens, MD

Objectives: Present Judeo-Christian ethics to modern medical practice and end-of-life care; 2) Offer encouragement and advice on balancing practice and family life; and 3) Offer insight into spiritual and emotional counseling and healing.

Needs: Member needs were assessed in prior program evaluations from individual practice concerns and from a national survey of members. We need strategies to enhance the emotional and spiritual counseling in the office setting, and strengthen the family health. This will be presented by our national executive director.

Moderator: Richard Heimburger, MD

EXHIBITORS

Exhibit Hall activities:

Friday, April 7 from 8:00-4:00
with an intermission to view exhibits from 10:30-11:00 and 2:00-2:30

Saturday, April 8 from 8:00-1:00 pm
with an intermission scheduled from 10:30 to 11:00

A daily prize drawing will be held to give away two Bose radios.
Only physician members, residents, and medical students are eligible to win.
Registration forms will be available in the exhibit hall.

A free continental breakfast, financially supported by
MEDICAL EMPLOYMENT DIRECTORY and MISSOURI STATE MEDICAL ASSOCIATION
will be offered Friday and Saturday mornings beginning at 8:00 am.

Join your colleagues for afternoon refreshments, Friday, April 7, financially supported by
MISSOURI STATE MEDICAL ASSOCIATON.

Open to all physicians, spouses, guests, and exhibit partners.

Thursday, April 6

9:00-4:00 pm	Registration and AMA Foundation Basket Check-in
10:00-Noon	Pre-Convention Board Meeting
Noon-2:00 pm	Past Presidents Luncheon
3:00-5:00 pm	General Assembly, Session I
7:00-10:00 pm	An Evening of KC Hospitality (Dutch Treat Dinner) at *The Golden Ox*

INVITATION TO PHYSICIANS

You are invited to attend the AMA Foundation Benefit and An Evening of KC Hospitality. Simply complete and return the registration form below.

Friday, April 7

8:00 am	Continental Breakfast
8:00-12:30 pm	Registration and AMA Foundation Basket Check-in
8:30-10:45 am	General Assembly, Session II
11:00-12:30 pm	MSMA General Session - *Candidate Forum*
12:45-2:45 pm	Awards Luncheon
2:30-5:00 pm	Tour: *Union Station and Science City*
7:30-11:00 pm	AMA Foundation Dinner and Silent Auction

Saturday, April 8

8:00 am	Continental Breakfast
8:00-10:00 am	Registration
8:30-11: 45 am	General Assembly, Session III
Noon-2:00 pm	Installation Luncheon
3:00-4:00 pm	Post-Convention Board Meeting
6:30 pm	Presidential Inauguration and Reception

The Missouri State Medical Association Alliance
invites MSMA to join us at the

Dutch Treat Dinner

Thursday, April 6, 2000, 7:00 PM, The Golden Ox Restaurant, Kansas City

and

AMA Foundation Dinner & Silent Auction

(benefitting medical education and your medical school)
Friday, April 7, 2000, 7:30 PM, Westin Crown Center

Name ______________________ Home Phone ______________________
Address ____
City/State/Zip ____

DUTCH TREAT DINNER RESERVATIONS

1) Number Attending **Dutch Treat Dinner**:_____ @ $35 each Total: $__________
Please choose entree: ____KC Strip Steak ____Smoked Pork Chop ____Grilled Salmon
Make check payable to: MSMAA Convention Fund

AMA FOUNDATION DINNER & SILENT AUCTION

2) Number attending **AMA Foundation Dinner**: _____@ $65 each Total: $__________
Make check payable to: AMA Foundation
Medical School:______________________City/State______________________
Medical Excellence Fund________ Medical Student Assistance Fund________

Please mail BOTH checks ON or BEFORE March 24, 2000 to:
Lea Morrison, 5801 Spinnaker Pointe, Parkville, MO 64152 • (816) 741-5348

A Convention to Attend:

MSMA's Sesquicentennial Convention

Experience the Past - Face the Future

A Celebration of 150 Years - Waiting for You!

This year's Convention - April 6-9 at the Westin Crown Center in Kansas City - is a true cause for celebration! Experience medical exhibits from Missouri's history and enjoy a President's Inauguration Celebration with entertainment, music, food, and refreshments honoring incoming MSMA President Gordon Goldman, MD, St. Louis, and Alliance President Eileen Chalk, Washington.

Convention Highlights:

Special Guests

AMA President-Elect Randolph Smoak, MD, will address the House of Delegates, Thursday, April 6. Dr. Smoak is a surgeon from Orangeburg, South Carolina, who has been on the AMA Board of Trustees since 1992.

Exciting General Sessions

- Election 2000: Candidate Forum
- Educating Physicians About End-of-life Care (EPEC) Project
- EMTALA Regulations (Emergency Medical Treatment and Active Labor Act)
- Doctor-Patient Communications
- Physician Negotiations
- Issues with AMA President-Elect

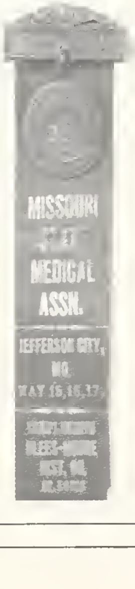
Alliance Celebration

"75 Years of Caring" is the theme for the MSMA Alliance's Diamond Jubilee year. Alliance members take great pride in commemorating their partnership with the MSMA, which began in 1924 when the MSMA Auxiliary was formed.

Two Historical Convention Souvenirs

- Attendees will receive a commemorative medal to pin on their lapel, reminiscent of attendance ribbons worn at conventions from yesteryear, like the one at right from 1906, found in an antique store by a MSMA member.

- ONLY guests who attend the President's Inauguration Celebration on Saturday night will receive a 64-page "History of Missouri State Medical Association" compiled by physician members outlining the last 150 years.



President's Inauguration Celebration

Saturday, April 8, 6:30 p.m.

Celebrate with MSMA's incoming President, Gordon Goldman, MD, as he leads an evening of exciting vaudeville and spectacular entertainment including:

- Very Heavy Hors d'oeuvres
- Refreshments
- Music
- Magicians
- Caricature Drawing
- Handwriting Analysis

Be sure to attend!

REPORT OF
MISSOURI STATE MEDICAL ASSOCIATION

December 31, 1999
Jefferson City, Missouri

INDEPENDENT AUDITOR'S REPORT

To the Council of
Missouri State Medical Association:

We have audited the accompanying statement of financial position of **Missouri State Medical Association** as of December 31, 1999, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the Association as of December 31, 1998 were audited by other auditors whose report dated January 25, 1999, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

These financial statements have not been presented on a consolidated basis with all entities for which it has controlling interest. In our opinion, generally accepted accounting principles require such financial statements be presented on a consolidated basis. It was not practical to determine the effects on the financial statements.

We did not audit the investment in the equity in net income in the wholly owned subsidiary, Missouri State Medical Services, Inc., (MSMS) at December 31, 1999, and were unable to satisfy ourselves about the investment through alternative procedures. It was not practical to determine the effects on the financial statements.

In our opinion, except for the effects of not presenting the financial statements on a consolidated basis and the effects of not auditing the investment in MSMS, the financial statements referred to above present fairly, in all material respects, the financial position of **Missouri State Medical Association** as of December 31, 1999, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

EVERS & COMPANY, CPA's, L.L.C.
January 29, 2000

STATEMENTS OF FINANCIAL POSITION
December 31, 1999 and 1998

	1999	1998
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$ 93,654.92	$ 2,616.00
U.S. Treasury Obligations	598,624.18	724,557.00
Certificates of Deposit	351,000.00	544,350.00
Accounts Receivable	22,986.30	33,162.00
Prepaid Expenses	5,080.10	0.00
Other Current Assets	0.00	3,560.00
Total Current Assets	1,071,345.50	1,308,245.00
INVESTMENTS		
Marketable Securities	7,145,781.33	6,539,026.00
Common Stock of Missouri State Medical Services, Inc.	154,933.15	187,277.00
Total Investments	7,300,714.48	6,726,303.00
Net Property, Building, and Equipment	424,604.86	445,701.00
OTHER ASSETS		
Cash Surrender Value - Insurance	77,708.20	54,895.00
Note Receivable, Missouri State Medical Services, Inc.	8,815.94	244,876.00
Interest Receivable, Missouri State Medical Services, Inc.	13,820.19	19,590.00
Total Other Assets	100,344.33	319,361.00
TOTAL ASSETS	$8,897,009.17	$8,799,610.00
LIABILITIES AND MEMBERS' EQUITY		
CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	$ 9,241.25	$ 8,573.00
Due to the American Medical Association	28,379.50	32,221.00
Deferred Revenue	468,851.00	480,245.00
Total Current Liabilities	506,471.75	521,039.00
NONCURRENT LIABILITIES		
Deferred Compensation Agreement	35,000.00	30,000.00
Total Noncurrent Liabilities	35,000.00	30,000.00
Total Liabilities	541,471.75	551,039.00
MEMBERS' EQUITY	8,355,537.42	8,248,571.00
TOTAL LIABILITIES AND MEMBERS' EQUITY	8,897,009.17	8,799,610.00

The Notes to Financial Statements are an integral part of these Statements.

STATEMENT OF ACTIVITIES
For the Years Ended December 31, 1999 and 1998

	1999	1998
REVENUES		
Dues	$1,046,829.00	$1,084,270.00
Subscriptions	15,027.00	14,326.00
Exhibit Rentals	25,700.00	30,750.00
Annual Convention Contributions	27,250.00	0.00
Advertising	39,709.77	52,821.00
AMA Commissions	16,103.36	13,520.00
Investment Income	447,250.45	1,441,603.00
Administrative Fees and Office Rent	145,680.54	95,756.00
Seminars and Workshops	16,105.00	12,123.00
Physicians Health Foundation	181,605.00	182,695.00
Royalty Income	43,802.41	60,706.00
Unrealized gain (loss) on investments	17,594.45	(547,618.00)
Other Revenue	8,731.73	52,015.00
Total Revenue	2,031,388.71	2,492,967.00
EXPENSES		
Salaries and Fringe Benefits	$ 753,248.29	$744,470.00
Office Expense	498.54	153,219.00
Occupancy Expense	14,117.01	0.00
Office Supplies	12,908.49	0.00
Computer Expense	11,729.21	0.00
Postage	20,609.68	0.00
Telephone	14,399.78	0.00
Insurance Expense	9,721.03	0.00
Internet Expense	918.15	0.00
Taxes, Real Estate	4,919.83	0.00
Custodian Fee	38,028.88	0.00
Equipment Rental & Repair	24,554.83	0.00
Dues and Directories	12,644.71	0.00
Membership Development	53,551.59	26,095.00
Travel Expense	13,706.45	13,177.00
Commissions and Committees	7,721.94	22,932.00
Depreciation	42,290.48	40,518.00
MSMA Alliance	6,739.30	8,239.00
Journal Expense	75,305.39	82,613.00
Meeting Expense	255,899.00	263,858.00
Public Affairs	76,278.84	69,494.00
Consultant & Professional Fees	63,550.95	59,598.00
Public Relations Program	148,125.40	41,705.00
Student Awards	1,200.00	1,200.00
Tort Reform	4,263.50	3,840.00
Seminars and Workshops	7,655.27	11,608.00
Physicians Health Foundation	217,002.94	206,727.00
MSMA Health Education Foundation	15.00	215.00
Miscellaneous	472.96	4,868.00
Total Expenses	1,892,077.44	1,754,376.00
Excess of Revenues Over (Under) Expenses Before Provision for Income Taxes	139,311.27	738,591.00
Equity in net income (loss) of wholly owned subsidiary	(32,344.00)	21,080.00
Excess of Revenues over (under) Expenses	106,967.27	759,671.00
MEMBERS' EQUITY, BEGINNING	8,248,570.15	7,488,900.00
MEMBERS' EQUITY, ENDING	8,355,537.42	8,248,571.00

STATEMENTS OF CASH FLOWS
For the Years Ended December 31, 1999 and 1998

	1999	1998
CASH FLOWS FROM OPERATING ACTIVITIES		
Net Income	$ 106,967.27	$759,671.00
Adjustments to Reconcile Excess of Revenue Over Expenses to Net Cash Provided by Operating Activities:		
Depreciation	42,290.48	40,518.00
(Appreciation) Depreciation of Investments	17,594.45	547,618.00
(Gain) Loss on Sale of Assets		725.00
Decrease (Increase) in Accounts Receivables	(10,175.70)	41,589.00
Decrease (Increase) in other Current Assets		1,946.00
Decrease (Increase) in Cash Surrender Value	22,813.20	(7,319.00)
Decrease (Increase) Prepaid Expenses	(5,080.10)	
Decrease (Increase) in Note Receivable, MSMS, Inc.	236,060.06	(20,880.00)
Decrease (Increase) in Interest Receivable, MSMS, Inc.	5,769.81	1,290.00
(Decrease) Increase in Accounts Payable	668.25	(1,331.00)
(Decrease) Increase in Due to AMA	(3,841.50)	(36,731.00)
(Decrease) Increase in Deferred Compensation	5,000	5,000
(Decrease) Increase in Deferred Revenue	(11,394.00)	25,518.00
(Decrease) Increase in Deferred Dues		25,266.00
Total Adjustments	299,704.95	623,209.00
Net Cash Provided by Operating Activities:	406,672.22	1,382,880.00
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Assets	$(21,667.41)	$(8,474.00)
Purchase of Investments (Net)	(645,592.71)	(883,122.00)
(Increase) or Decrease in MSMS, Inc. Investment	32,344.00	(21,080.00)
Net Cash Used In Investing Activities	(634,916.12)	(912,676.00)

Net Increase (Decrease) in Cash and Cash Equivalents	(228,243.90)	470,204.00
Cash and Cash Equivalents, Beginning	1,271,523.00	801,319.00
Cash and Cash Equivalents, Ending	$1,043,279.10	1,271,523.00

Supplemental Disclosure of Cash Flow Information:

Cash Paid During the Year For:		
Income Taxes	-	-
Interest Expense	-	-

NOTES TO FINANCIAL STATEMENTS
December 31, 1999 and 1998

Note 1.Organization and Summary of Significant Accounting Policies:

Nature of Business:

The Missouri State Medical Association was incorporated as a not-for-profit corporation under the laws of the State of Missouri. The Internal Revenue Service has granted exemption under Code Section 501 (c)(6).

Basis of Accounting:

The Financial Statements of the Missouri State Medical Association are prepared on the accrual basis of accounting, under which revenues are recognized when earned and expenses are recognized when incurred.

Dues:

Dues are assessed to members on a calendar-year basis. On December 31st of each year, members delinquent in payment of dues forfeit their memberships. The Association may also collect from members' dues and assessments of the American Medical Association and Component Medical Societies, which are then forwarded to the respective organizations. The Association receives a fee for providing this service. Amounts received from members prior to January 1st of each year, which represents the subsequent year's dues, are recorded as Deferred Revenue.

Valuation of Accounts Receivable:

Accounts receivable are stated at face amount with no allowance for doubtful accounts. An allowance for doubtful accounts is not considered necessary because probable uncollectible accounts are immaterial.

Property and Equipment:

Property and equipment are stated at cost. Depreciation and amortization are computed using the straight-line method based on estimated useful lives of the related assets.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Tax Status:

Missouri State Medical Association is a not-for-profit organization exempt from income taxes under Section 501(c)(6) of the Internal Revenue Code and similar provisions of the State Code. Therefore, no provision for income taxes has been made. Unrelated business income, to include advertising income, is subject to income tax.

Investments:

The Association records investments in marketable equity securities in accordance with SFAS No. 124, "*Accounting for Certain Investments Held by Not-for-Profit Organizations.*" Under SFAS No. 124, investments in marketable securities are valued at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets.

Note 2. Investments and Marketable Securities:

All investments in marketable equity securities are shown at fair value in the financial statements. The cost, fair values, and cumulative unrealized appreciation of the Association investments at December 31, 1999 and 1998 are summarized below.

--------------------------------1999-----------------------------------

	Cost	Fair Value	Cumulative Unrealized Appreciation
Marketable Securities	$4,572,594	$7,145,781	$2,573,187
Total Investments	$4,572,594	$7,145,781	$2,573,187

--------------------------------1998-----------------------------------

	Cost	Fair Value	Cumulative Unrealized Appreciation
Marketable Securities	4,039,742	$6,539,026	$ 2,499,284
Total Investments	$4,039,742	$6,539,026	$2,499,284

Unrealized appreciation (depreciation) attributable to the current year totaled $17,594 for 1999 and $(547,618) for 1998. A net realized gain of $192,213 and $1,163,120 on the sale of marketable equity securities was included in revenue for the years ending December 31, 1999 and 1998, respectively.

Note 3. Land, Building and Equipment

Consists of the following at December 31st (at Cost):

	1999	1998
Land	$ 83,000	$ 83,000
Building	583,589	583,609
Furniture and Equipment	279,179	257,511
Total	945,768	924,120
LESS: Accumulated Depreciation	(521,163)	(478,419)
TOTAL LAND, BUILDING AND EQUIPMENT	$424,605	$445,701

Note 4. Deferred Compensation Plan

The Association entered into two deferred compensation agreements with its Executive Vice President on May 1, 1990, and two other executive employees as of January 1, 1998, which provides for payments upon retirement, death or disability. The agreements also stipulate that a pro-rata settlement of benefits will be made in the event of voluntary termination of employment with the Association once five years of service is completed after the agreement becomes effective. The agreement is funded through an insurance policy.

At December 31, 1999 and 1998, the Association's liability under the terms of these agreements was $35,000 and $30,000, respectively with the underlying cash surrender value of life insurance being $77,708 and $54,895, respectively.

On December 17, 1989, the Association adopted a Deferred Compensation Plan for employees pursuant to Internal Revenue Service Code Section 457. Within Internal Revenue Service guidelines, participants may elect to defer a portion of their income until retirement. The Employees contributed $34,800 and $32,400 as of December 31, 1999 and 1998, respectively.

Note 5. Investment Income

The following is a summary of investment income for the years ended December 31st:

	1999	1998
Interest on Cash Investments	$ 27, 329	$ 27,677
Dividends	213,889	229,215
Realized Gain (Loss) on the Sale of Marketable Equity Securities	192,213	1,163,120
Interest on Note to Subsidiary	13,820	23,590
TOTAL INVESTMENT INCOME	$447,251	$ 1,441,602

Note 6. Related Party Transactions

The Association provides administrative services to MSMS, Inc., (a wholly-owned subsidiary) and Missouri State Medical Foundation (an affiliate). For providing these services, the Association receives an annual fee from each of these organizations. For the years ended December 31, 1999 and 1998, the annual administrative fee assessed to Missouri State Medical Foundation was $36,000 and $24,000 respectively, and the administrative fee assessed to MSMS, Inc., was $40,000 and $18,000 respectively.

The Missouri State Medical Association provides significant support to the Missouri State Medical Association Physicians Health Foundation (an affiliate). The Association had accounts payable for Foundation related expenses in the amount of $-0-and $948 at December 31, 1999 and 1998, respectively.

Note 7. Physicians Rehabilitation Program

In 1986, the Association established a Physicians Rehabilitation Program, the purpose of which is to motivate impaired physicians to voluntarily enter into treatment programs. Funding for the program is provided by fees assessed to participants as well as from donations received from supportive individuals and organizations.

During 1992, the Missouri State Medical Association Physicians Health Foundation was separately incorporated. For the years ended December 31, 1999 and 1998, the Association received as income $181,605 and $182,695 from the Physicians Health Foundation and in turn paid expenses of $217,003 and $206,727, respectively. The resulting differences of $35,398 and $24,032 are considered in-kind contributions to the Physicians Health Foundation for the years ended December 31, 1999 and 1998.

Note 8. Pension Plan

The Association maintains a non-contributory Defined Benefit Pension Plan covering substantially all of its employees. Established April 1, 1959, the Plan has a March 31st year end. Eligibility requirements include a minimum of 12 service months and a minimum age of 21. Normal retirement age is 65 with provision for pro-rata benefits prior to 65. Vesting is scheduled over six years of covered service. The Individual Aggregate Actuarial Cost Method is used as the basis for the funding standard account computation. At March 31, 1999, the most recently available actuarial information, fair value of plan assets was $710.982 and $602,404, in 1998. Total benefit obligation for 1999 was $953,518 and $816,828, in 1998 with a vested benefit obligation for 1999 of $951,237 and $812,592, in 1998.

Employer contributions for FYE March 31, 1999, were $84,245 and $83,036, in 1998. Additional plan income was $24,590 and $89,008, in 1999 and 1998, with expenses for 1999 of $256 and $88 in 1998, and benefits paid in the amount of $-0- in 1999 and $575, in 1998, and net income (loss) for the plan year 1999 was $108,579 and $171,381 in 1998. There was no unconditional liability for any unfunded accumulated benefit obligation plus any prepaid pension cost, not unfunded accumulated benefit obligation reduced by any unfunded accrued pension cost. Assets are invested primarily in government securities and corporate stocks and bonds.

Net periodic pension costs for 1999 of $86,476, and $85,137 in 1998, was composed of employer's normal cost for 1999 $79,837 and $78,597, in 1998, amortization charge of $233 for 1999 and $234 for 1998, and interest of $6,406 in 1999 and $6,306 in 1998.

Note 9. Investment in Unconsolidated Subsidiary-MSMS, Inc

The Association's investments in MSMS, Inc., a 100% owned unconsolidated subsidiary, is carried at cost of $30,000 plus equity in the undistributed net earnings since the date of acquisition. At December 31, 1999 and 1998, the investment in the subsidiary is carried at $154,934 and $187,278 respectively. We have issued a separate compilation report dated February 4, 2000.

Condensed financial data relating to the subsidiary is as follows:

BALANCE SHEETS

	1999 (Unaudited)	1998 (Audited)
CURRENT ASSETS		
Cash	$ 8,896	$ 20,750
Investments	168,272	453,748
Income Tax Receivable	4,775	-0-
Total Current Assets	181,943	474,498
PROPERTY AND EQUIPMENT		
Office Furniture and Equipment	3,460	3,460
LESS: Accumulated Depreciation	(3,460)	(3,114)
Total Property and Equipment	-0-	346
TOTAL ASSETS	$181,943	$474,844

LIABILITIES AND STOCKHOLDERS' EQUITY

	1999 (Unaudited)	1998 (Audited)
CURRENT LIABILITIES		
Notes Payable	$8,816	$244,876
Interest Payable	13,820	19,590
Accounts Payable	-0-	4,000
Accrued Expenses	4,373	19,100
Total Current Liabilities	27,009	287,566
STOCKHOLDERS' EQUITY		
Common Stock, $1 par value, 30,000 shares authorized; 30,000 shares issued and outstanding	30,000	30,000
Accumulated Unrealized Gains (Losses) On Investments	49,952	161,210
Retained Earnings	74,982	(3,932)
Total Stockholders' Equity	154,934	187,278
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	$181,943	$474,844

STATEMENTS OF INCOME AND EXPENSES

Income	151,840	$285,965
Expenses	(88,001)	(72,547)
Prior Year Income Tax Refund	15,075	-0-
NET INCOME (LOSS)	$78,914	$ 213,418

Note 10. Note Receivable, Missouri State Medical Services, Inc.

The note represents monies advanced by Missouri State Medical Association to Missouri State Medical Services, Inc. for initial expenses. The note is a demand note in the amount of $8,816 and $244,876 at December 31, 1999 and 1998, respectively, with interest at the rate of 8.75% and 9.25% in 1999 and 1998. The interest rate adjusts annually on January 1st to the prime rate plus 1%.

Note 11. Royalties

Royalty income was received from Missouri Medical Insurance Co. for use of the Missouri State Medical Association name and various logos in the marketing and advertisement of its professional liability insurance and risk management products. For the year ended December 31, 1998, royalty income received from Missouri Medical Insurance Co. was $35,000 annually. The endorsement ended effective August 15, 1999.

An additional royalty of $20 per Missouri Medical Insurance Co. insured physician in the State of Missouri as of December 31st of each preceding year, is to be paid on or before February 15th of the following year. At December 31, 1999 and 1998, royalty income receivable totaled $-0- and $19,500 respectively.

Note 12. Operating Lease - Automobile

The following is a schedule, by years, of future minimum rental payments required under an operating lease for the rental of an automobile that has an initial or remaining noncancelable lease term in excess of one year as of December 31, 1999:

Years ending December 31, 2000 $9,916.20

Total rental expense for the years ending December 31, 1999 and 1998, totaled $11,069 and $6,918 respectively.

Note 13. Concentration of Credit Risk

The Association maintains several accounts at one bank. Accounts at an institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $100,000. Cash at this institution exceeded Federally insured limits. The amount in excess of the FDIC limit totaled $91,709.82 in 1999 and $266,522.47 in 1998.

Note 14. Compensated Absences

Vacation time is considered an expenditure in the year paid. Such amounts unused and which are vested in the employee are payable upon termination. Unused vacation leave up to a maximum of 40 days will be paid upon termination. As of December 31, 1999 and 1998, the liability would be $39,414.55 and $32,920.00 in vacation pay, respectively.

The Notes to Financial Statements are an integral part of these Statements.

REPORT OF
MISSOURI STATE MEDICAL FOUNDATION

December 31, 1999
Jefferson City, Missouri

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Missouri State Medical Foundation:

We have audited the accompanying statement of financial position of **Missouri State Medical Foundation** as of December 31, 1999, and the related statement of activities and changes in cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of **Missouri State Medical Foundation** as of December 31, 1998, were audited by other auditors whose report dated January 26, 1999, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the 1999 financial statements referred to above present fairly, in all material respects, the financial position of **Missouri State Medical Foundation** as of December 31, 1999, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

EVERS & COMPANY, CPA's, L.L.C.
January 25, 2000

STATEMENTS OF FINANCIAL POSITION
December 31, 1999 and 1998

	1999	1998
ASSETS		
CURRENT ASSETS		
Cash	$ 145,633	$ 85,825
Mutual Funds	40,746	766,143
Investments in Government Issues	945,260	433,792
Notes Receivable, Current	200,000	250,000
Total Current Assets	1,331,639	1,535,760
NONCURRENT INVESTMENTS		
Investment in Mortgage and Asset Backed Issues	595,089	411,434
Common Stock	160,361	15,661
Total Noncurrent Investments	755,449	427,095
Notes Receivable - Long Term	1,983,344	1,910,966
Allowance for Doubtful Accounts	(108,048)	(108,048)
Notes Receivable - Long Term	1,875,296	1,802,918
EQUIPMENT		
Office Equipment	11,762	9,153
Software	10,692	10,692
Less: Accumulated Depreciation	(16,127)	(12,369)
Total Equipment (Net)	6,327	7,476
TOTAL ASSETS	$3,968,711	$3,773,249
LIABILITIES AND NET ASSETS		
NET ASSETS		
Unrestricted	$3,968,711	$3,773,249
TOTAL NET ASSETS	$3,968,711	$3,773,249
TOTAL LIABILITIES AND NET ASSETS	$3,968,711	$3,773,249

STATEMENTS OF ACTIVITIES
For the Years Ended December 31, 1999 and 1998

	1999	1998
REVENUES		
Interest on Student Loans	$ 160,239	$ 247,848
Investment Income	48,846	59,982
Interest Income	427	-
Unrealized Appreciation (Depreciation) of Investments	53,115	91,947
Donations	5,000	2,725
Total Revenues	267,626	402,502
EXPENSES		
Program Services		
Provision for Loan Losses	-	8,308
Supporting Services		
Administrative	36,000	24,000
Depreciation - Equipment	1,723	1,684
Amortization - Software	2,036	2,138
Telephone	1,064	910
Professional Fees	8,478	6,827
Printing	900	684
Dues & Subscriptions	530	656
Marketing	21,195	88,113
Miscellaneous	239	286
Total Expenses	72,164	133,606
INCREASE IN UNRESTRICTED NET ASSETS	195,462	
268,896		
UNRESTRICTED NET ASSETS, BEGINNING	3,773,249	3,504,353
UNRESTRICTED NET ASSETS, ENDING	$ 3,968,711	$ 3,773,249

STATEMENTS OF CASH FLOWS
For the Years Ended December 31, 1999 and 1998

	1999	1998
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in Unrestricted Net Assets	$195,462	$268,896
Adjustments to reconcile increase in unrestricted Net Assets		
Depreciation	3,759	3,822
Depreciation (Appreciation) of Investments	(114,425)	(91,947)
Decrease (Increase) in Accrued Interest	-	(2,875)
Increase (Decrease) in Accounts Payable	(948)	-
Total Adjustments to Reconcile Change in Net Assets to Net Cash	(111,614)	(91,000)
NET CASH USED (PROVIDED) BY OPERATION ACTIVITIES	83,847	177,896
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Equipment	(2,609)	-
Purchase of Investments	(2,334,755)	(1,021,630)
Proceeds from Maturity or Sale of Investments	2,290,947	995,196
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(46,417)	(26,434)
CASH FLOWS FROM FINANCING ACTIVITIES		
Decrease (Increase) in Loans Receivable, (net of Allowance For Doubtful Accounts)	22,378	(157,848)
NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES	22,378	(157,848)
NET INCREASE (DECREASE) IN CASH	59,809	(6,386)
CASH, BEGINNING	85,825	92,211
CASH, ENDING	$ 145,634	$ 85,825

	1999	1998	Difference
CASH			
Cash - Checking	14,467	8,509	5,958
Cash - Money Market	131,166	77,316	53,850
	$145,633	$85,825	$59,808

	1998	1997	Difference
CASH			
Cash - Checking	8,509	2,336	6,173
Cash - Money Market	77,316	89,875	(12,559)
	85,825	92,211	(6,386)

NOTES TO FINANCIAL STATEMENTS
December 31, 1999 and 1998

Note 1. Organization and Summary of Significant Accounting Policies:

Nature of Business:

Missouri State Medical Foundation was organized in 1961 for the purpose of making low-interest loans to medical students.

Method of Accounting:

The financial statements of Missouri State Medical Foundation are prepared on the accrual basis of accounting, under which revenues are recognized when earned and expenses are recognized when incurred.

Notes Receivable:

Notes receivable are stated at face amount less an allowance for doubtful accounts of five percent of the loan balances at December 31, 1999 and 1998.

Income Taxes:

The Foundation is qualified as an exempt organization under Section 501 (c)(3) of the Internal Revenue Code and is not subject to Federal or State Income Tax.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Financial Statement Presentation:

The Missouri State Medical Foundation has adopted Statement of Financial Accounting Standards (SFAS) No. 117 "*Financial Statement of Not-For-Profit Organizations.*" Under SFAS No. 117, Missouri State Medical Foundation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Missouri State Medical Foundation also adopted SFAS No. 116 "*Accounting for Contributions Received and Contributions Made*". In accordance with SFAS No. 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Investments:

The Foundation has adopted SFAS No. 124 *"Accounting for Certain Investments Held by Not-for-Profit Organizations."* Under SFAS No. 124, investments in marketable securities with readily determinable fair values and all investments in debt securities are valued at their fair values in the statement of financial position.

Fixed Assets

Office equipment and software are recorded at cost and depreciated over their estimated useful lives on a straight-line basis.

Note 2. Investments

At December 31, 1999 and 1998 the Foundation's investments consisted of Government Issues, Taxable Bonds, Mortgage and Asset Backed Issues, a Mutual Fund Portfolio, and common stock of Schering-Plough. Investments in Government Issues, Taxable Bonds, and Mortgage and Asset Backed Issues are typically purchased and held to maturity. Those investments having maturity dates of one year or less are classified as current assets, while those having maturities in excess of one year are classified as noncurrent investments.

The cost, fair values, and cumulative unrealized appreciation (depreciation) at December 31, 1998 and 1998, are summarized below. Cost of the Mutual Fund portfolio is stated as cost plus reinvested interest and dividends. Cost of Mortgage and Asset Backed Issues is stated as original cost less principal payments made to date. All investments are shown at fair value in the Statement of Financial Position.

1999

	Cost	Fair Value	Cumulative Unrealized Appreciation (Depreciation)
Current Investments			
Government Issues	945,260	945,260	-
Mutual Funds	40,000	40,746	746
Total Current Investments	985,260	986,006	746
Noncurrent Investments			
Mortgage Backed Issues	351,969	595,089	243,120
Common Stock	133,720	134,532	812
Common Stock - Schering-Plough	2,760	25,828	23,068
Total Noncurrent Investments	488,449	755,449	267,000
Total Investments	$1,473,709	$1,741,455	$267,746

1998

	Cost	Fair Value	Cumulative Unrealized Appreciation (Depreciation)
Current Investments			
Government Issues	431,994	433,792	1,798
Mutual Funds	708,575	766,143	57,568
Total Current Investments	1,140,569	1,199,935	59,366
Noncurrent Investments			
Mortgage Backed Issues	418,756	411,434	(7,322)
Common Stock			
Common Stock of Schering-Plough	-	15,661	15,661
Total Noncurrent Investments	418,756	427,095	8,339
Total Investments	$1,559,325	$1,627,030	$ 67,705

Unrealized appreciation attributable to the current year totaled $53,115 for 1999 and $91,947 for 1998.

Note 3. Loans Receivable

The following is a summary of the transactions affecting the loans receivable account for the year:

	1999	1998
Loans Receivable, Beginning of Year	$2,159,960	$1,994,811
New Loans	251,650	297,250
Principal Payments	(336,314)	(132,101)
LOANS RECEIVABLE, END OF YEAR	$2,075,296	$2,159,960
Allowance for Doubtful Accts, Beginning of Year	$ 108,048	$ 99,741
Current Year Provision	-	8,307
ALLOWANCE FOR DOUBTFUL ACCOUNTS, END OF YEAR	$ 108,048	$ 108,048

Note 4. Related Party Transactions

The Foundation is assessed by the Missouri State Medical Association an annual fee for administrative cost. For the years ended December 31, 1999 and 1998, the Foundation paid the Association $36,000 and $24,000, respectively, for administrative costs. The Foundation also reimburses the Missouri State Medical Association for expenses paid by the Association on behalf of the Foundation.

Note 5. Missouri State Medical Association Trust

On August 10, 1995, Missouri State Medical Association established an irrevocable trust to satisfy certain subordinated notes payable to its member physicians. Per the Trust Instrument, any monies remaining, after a two year period, were to be donated to the Missouri State Medical Foundation. In August 1997, the Foundation was presented $162,495.

Note 6. Concentration of Credit Risk

The Organization maintains two bank accounts at one bank. Accounts at an institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $100,000. Cash at this institution exceeded Federally insured limits. The amount in excess of the FDIC limit totaled $61,923.78 in 1999.

The Notes to Financial Statements are an integral part of these Statements.

MSMA Physicians Health Foundation Financial Statements

REPORT OF
MISSOURI STATE MEDICAL ASSOCIATION
PHYSICIANS HEALTH FOUNDATION

December 31, 1999
Jefferson City, Missouri

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of **Missouri State Medical Association Physicians Health Foundation:**

We have audited the accompanying statement of financial position of **Missouri State Medical Association Physicians Health Foundation** as of December 31, 1999, and the related statements of activities, statements of functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of **Missouri State Medical Association Physicians Health Foundation** as of December 31, 1998, were audited by other auditors whose report dated January 26, 1999, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the 1999 financial statements referred to above present fairly, in all material respects, the financial position of **Missouri State Medical Association Physicians Health Foundation** as of December 31, 1999, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

EVERS & COMPANY, CPA's, L.L.C.
January 25, 2000

STATEMENTS OF FINANCIAL POSITIONS
December 31, 1999 and 1998

	1999	1998
ASSETS		
CURRENT ASSETS		
Cash	$ 14,317	$ 2,497
Accounts Receivable	39,710	35,515
Total Current Assets	54,027	38,012
PROPERTY AND EQUIPMENT		
Office Furniture and Equipment	15,516	14,537
Less: Accumulated Depreciation	(11,151)	(12,095)
Total Property and Equipment	4,365	2,442
TOTAL ASSETS	58,392	40,454
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	$ -	$ 948
Total Current Liabilities	-	948
TOTAL LIABILITIES	-	948
NET ASSETS		
Unrestricted	58,392	39,506
TOTAL NET ASSETS	58,392	39,506
TOTAL LIABILITIES AND NET ASSETS	$58,392	$40,454

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
For the Years Ended December 31, 1999 and 1998

	1999	1998
REVENUES		
Contributions - Cash	$ 94,783	$ 87,737
Contributions - In-kind (MSMA)	35,791	24,032
Service Fees	103,785	108,122
Total Revenues	234,359	219,891
EXPENSES		
Program Services:		
Program Services	183,152	176,385
Supporting Services:		
Management & General	21,547	20,751
Fundraising	10,774	10,376
Total Expenses	215,473	207,512
INCREASE IN UNRESTRICTED NET ASSETS	18,886	12,379
UNRESTRICTED NET ASSETS - BEGINNING	39,506	27,127
UNRESTRICTED NET ASSETS - ENDING	58,392	39,506

The Notes to Financial Statements are an integral part of these Statements.

1999 SUPPORTING SERVICES

	Program Services	Management & General	Fund-Raising	Grand Total
Professional Services	116,722	13,732	6,866	137,320
Travel Expenses	14,903	1,753	877	17,533
Contracts Expense	17,906	2,107	1,053	21,066
De Novo Program Expense	831	98	49	977
Audit & Attorney Fees	6,876	809	404	8,090
Office Supplies	6,298	741	370	7,410
Telephone	7,913	931	465	9,309
Office Rent	4,080	480	240	4,800
Dues and Subscriptions	478	56	288	562
Education and Training	4,893	576	288	5,756
Bank Service Charge	334	39	20	393
Depreciation	1,918	226	113	2,257
Total Expenses	$183,152	$21,547	$10,774	$215,473

1998 SUPPORTING SERVICES

	Program Services	Management & General	Fund-Raising	Grand Total
Professional Services	119,425	14,050	7,025	140,500
Travel Expenses	17,533	2,063	1,031	20,627
Contracts Expense	14,692	1,729	864	17,285
De Novo Program Expense	3,608	425	212	4,245
Office Supplies	7,287	857	429	8,573
Telephone	7,389	869	435	8,693
Office Rent	3,239	381	191	3,810
Dues and Subscriptions	255	30	15	300
Education and Training	921	108	54	1,083
Bank Service Charge	307	36	18	361
Depreciation	1,730	204	102	2,035
Total Expenses	$176,385	$20,751	$10,376	$207,512

Notice to members of MSMA:

The Annual Meeting of the **Missouri State Medical Foundation** is scheduled for 7:00 a.m., Saturday, April 8, 2000, at the Westin Crown Center, Kansas City, Missouri

STATEMENTS OF CASH FLOWS
(INDIRECT METHOD)
For the Years Ended December 31, 1999 and 1998

	1999	1998
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in Unrestricted Net Assets	$ 18,886	$ 12,379
Adjustments to reconcile increase in unrestricted Net Assets		
Depreciation	2,257	2,035
Decrease (Increase) in Accounts Receivable	(4,195)	(14,180)
Increase (Decrease) in Accounts Payable	(948)	(950)
NET CASH USED (PROVIDED) BY OPERATING ACTIVITIES	16,000	(716)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Equipment	(4,180))	(679)
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(4,180)	(679)
NET INCREASE (DECREASE) IN CASH	11,820	(1,395)
CASH, BEGINNING OF YEAR	2,497	3,892
CASH, END OF YEAR	$14,317	$ 2,497

CASH	1998	1999	Difference
Cash - Checking -Central	10	8,261	8,251
Cash - Checking -Nations	2,487	6,056	3,569
	$2,497	$14,317	$11,820

CASH	1997	1998	Difference
Cash - Checking - Central	2	10	8
Cash - Checking - St. Louis	3,890	2,487	(1,403)
	$3,892	$2,497	$(1395)

NOTES TO FINANCIAL STATEMENTS
December 31, 1999 and 1998

Note 1. Organization and Summary of Significant Accounting Policies:

Nature of Business:
Missouri State Medical Association Physicians Health Foundation was incorporated as a not-for-profit corporation under the laws of the State of Missouri on March 26, 1990.

The purpose of the Foundation is to support and promote quality professional health care through the sponsoring, supporting, initiating, funding, and establishing of the rehabilitation of chemically-dependent or mentally-impaired physicians.

The Foundation is a supporting organization under Internal Revenue Code Section 509 (a)(3). As such, the Foundation has common officers with the Missouri State Medical Association, a Section 501 (c)(6) organization. In addition, the eight officers and directors of the Foundation are also directors and members of the Executive Committee of the Missouri State Medical Association.

Basis of Accounting:
The Financial Statements of Missouri State Medical Association Physicians Health Foundation are prepared on the accrual basis of accounting, under which revenues are recognized when earned and expenses are recognized when incurred.

Financial Statement Presentation:
Missouri State Medical Association Physicians Health Foundation has adopted Statement of Financial Accounting Standards (SFAS) No. 117 "*Financial Statements of Not-for-Profit Organizations.*" Under SFAS No. 117, Missouri State Medical Association Physicians Health Foundation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Missouri State Medical Association Physicians Health Foundation also adopted SFAS No. 116, *"Accounting for Contributions Received and Contributions Made."* In accordance with SFAS No. 116 contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Accounts Receivable:
Program service revenues are recognized when billed to participants and charged to accounts receivable. Accounts receivable are stated at face with no allowance for doubtful accounts as all probable uncollectible accounts have been written off or considered immaterial.

Property and Equipment:
Property and equipment are carried at cost on a straight-line basis over the estimated useful lives of the related assets.

Income Taxes:
The Foundation is qualified as a tax-exempt organization under Internal Revenue Code Section 501 (c)(3) and is not generally subject to Federal or State Income Tax.

Uses of Estimates:
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 2. Revenues
The Foundation receives contributions from hospitals, physician groups, insurance companies, and interested individuals. Additionally, the Missouri State Medical Association underwrites a significant portion of operating expenses. Fees are also charged, in a nominal amount, to service recipients.

Note 3. Related Party Transactions
The Missouri State Medical Association (MSMA) provides significant support to the Foundation. MSMA had accounts payable for Foundation related expenses in the amount of $0 and $948 at December 31, 1999 and 1998, respectively.

The Notes to Financial Statements are an integral part of these Statements.

REPORT OF MSMS, INCORPORATED

December 31, 1999
Jefferson City, Missouri

ACCOUNTANT'S REPORT

To the Board of Directors of
Missouri State Medical Services, Inc.:

We have compiled the accompanying balance sheets of **Missouri State Medical Services, Inc.** as of December 31, 1999, and the related statements of income, and cash flows for the years then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures required by generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's financial position, results of operations, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The accompanying 1998 financial statements were compiled by us from financial statements that did not omit substantially all of the disclosures required by generally accepted accounting principles and that were audited by other accountants, and they expressed an unqualified opinion on them in their report dated January 26, 1999, and they have not performed any auditing procedures since that date.

EVERS & COMPANY, CPA's, L.L.C.
February 4, 2000

BALANCE SHEETS
December 31, 1999 and 1998

	1999	1998
ASSETS		
CURRENT ASSETS		
Cash	$ 8,896	$ 20,750
Investments	168,272	453,748
Income Tax Receivable	4,775	-
Total Current Assets	181,943	474,498
PROPERTY AND EQUIPMENT		
Office Furniture and Equipment	3,460	3,460
LESS: Accumulated Depreciation	(3,460)	(3,114)
Total Property and Equipment	-	346
Total Assets	181,943	474,844
LIABILITIES AND STOCKHOLDER'S EQUITY		
CURRENT LIABILITIES		
Notes Payable	$8,816	$244,876
Interests Payable	13,820	19,590
Accounts Payable	-	4,000
Accrued Expenses	4,373	19,100
Total Current Liabilities	27,009	287,566
STOCKHOLDER'S EQUITY		
Common Stock, $1 par value; 30,000 shares authorized; 30,000 shares issued and outstanding	30,000	30,000
Accumulated Unrealized Gains (Losses) on Investments	49,952	161,210
Retained Earnings)	74,982	(3,932)
Total Stockholder's Equity	154,934	187,278
TOTAL LIABILITIES AND STOCKHOLDER'S EQUITY	$181,943	$474,844

STATEMENTS OF INCOME
For the Years Ended December 31, 1999 and 1998

	1999	1998
REVENUES		
Interest and Divident Income	$ 2,676	$ 2,857
Miscellaneous Income	-	203
Gain on Sale of Investments	149,164	282,905
Total Income	151,840	285,965
EXPENSES		
Administrative Fees	38,000	24,000
Travel and Entertainment	-	938
Telephone	-	512
Contract and Professional Fees	16,265	8,507
Miscellaneous Expense	1,444	1,808
Depreciation	346	692
Penalties	2,407	-
Interest Expense	14,866	19,590
Total Expenses	73,328	56,047
NET INCOME (LOSS) BEFORE TAXES	78,512	229,918
Less: Provision for Income Taxes	(14,673)	(16,500)
Prior Year Income Tax Refund	15,075	-
NET INCOME (LOSS)	$78,914	$213,418
RETAINED EARNINGS - BEGINNING OF YEAR	(3,932)	(217,350)
RETAINED EARNINGS - END OF YEAR	$74,982	$(3,932)

The Notes to Financial Statements are an integral part of these Statements.

STATEMENTS OF CASH FLOWS
For the Years Ended December 31, 1999 and 1998

	1999	1998
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in Unrestricted Net Assets	$78,914	213,418
Adjustments to reconcile increase in unrestricted Net Assets		
Depreciation	346	692
(Increase) Decrease in Accounts Receivable	-	500
Increase (Decrease) in Accounts Payable	(4,000)	(41,000)
Increase (Decrease) in Accrued Expenses	(14,727)	16,500
Increase (Decrease) in Interest Payable	(5,770)	(1,290)
NET CASH USED (PROVIDED) BY OPERATING ACTIVITIES	54,763	188,820
CASH FLOWS FROM INVESTING ACTIVITIES		
Investment Purchases	(173,310)	(276,855)
Investment Sales or Maturities, Net	362,282	83,781
(Investment) Write-off in MSO	-	1,000
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	188,972	(192,074)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment on Note Payable	(255,589)	-
Proceeds from Short-term Debt	-	20,880
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	(255,589)	20,880
NET INCREASE (DECREASE) IN CASH	(11,854)	17,626
CASH, BEGINNING OF YEAR	20,750	3,124
CASH, END OF YEAR	$8,896	$ 20,750

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Members In The News

Samuel Guze, MD, *St. Louis*, the Spencer T. Olin Professor of Psychiatry at Washington University School of Medicine, has received the Thomas William Salmon Medal from the New York Academy of Medicine. This award is given to promote research and to honor notable contributins to the advancement of psychiatry and related subjects.

Boris Kuvshinoff, II, MD, *Columbia*, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Center Program at University of Missouri/Ellis Fischel Cancer Center. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.

Frank Mohs, MD, *St. Louis*, recently announced his retirement from the Missouri Patient Care Review Foundation (MPCRF). He has been a member of the MPCRF Board since 1988. Dr. Moh's will continue to Chair the Missouri Institute of Quality Health Care established by the MPCRF.

T. P. Wescott, DO, *Pleasant Hill*, has been nominated for the physician of the year award given by the Missouri Academy of Family Physicians. Dr. Wescott has a family practice in neighboring Holden. The award will be presented in June.

William Wilson, Jr., MD, *Columbia,* is among several physicians who will donate surgery and anesthesia costs to help two Kosovo children. The children, one who suffers from a congenital heart disease and the other who was born without an anus, will be brought to the United States for surgery.

Karen Zanol, MD, *Columbia*, a dermatologist in the specialty care service line, recently received a national VA Scissors Award. She was recognized for contributions in developing and maintaining telemedicine clinics.

In Memoriam

Donald W. Bussmann, Jr., MD, 54, *Springfield*, died January 15, 2000. He was an urologist.

Harold H. Kerr, MD, 83, *Shalimar, Florida*, died October 28, 1999. He was a retired thoracic surgeon.

Scott A. Lerner, MD, 52, *Shawnee Mission, KS*, died January 23, 2000. He specialized in pulmonary disease.

Samuel U. Rodgers, MD, 82, *Kansas City*, died December 19, 1999. He was an obstetrican/gynecologist.

Edward J. Shaw, MD, 85, *St. Louis*, died January 14, 2000. He was a general surgeon.

James G. Shea, MD, 75, *Hobe Sound, Florida*, died December 3, 1999. Before retiring, he specialized in internal medicine.

George W. Wise, MD, 85, *Shawnee Mission, KS*, died January 6, 2000. He was a retired pediatrician.

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Dave Sinclair

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25 Doctors Park
Cape Girardeau, MO 63703
Nicolaus Copernicus Med Acad Krakow
Poland, 86

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Afzal, Zahid A. MD IM
6906 W. 51st St., #222
Mission, KS 66202
American U of Caribbean Montserat, 97

Kennedy, David R. MD IM
102 E. 28th Ter., #9
Kansas City, MO 64108
Creighton U Sch of Med, Omaha, NE, 98

Moore, Paul D. Jr. MD IM
1220 N. Sioux Ct.
Independence, MO 64056
U of MO-KC, 99

Orellana, Felipe A. MD IM
3156 Woodview Rdg. Dr.
Kansas City, KS 66103
U of MO-KC, 99

Scarbrough, Marcus L. MD IM
5631 Beverly Ln.
Mission, KS 66202
U of KS, KC, KS, 99

Yalavarthi, Kishan, MD IM
4320 Belleview Ave., #101
Kansas City, MO 64111
U of MO-KC, 99

MINERAL AREA

Aldana, Tirso J. MD IM
PO Box 157, Hwy 106 & 2nd St.
Ellington, MO 63638
U Ntl Mayor De San Marcos Lima
Peru, 94

SOUTH CENTRAL

Elam, Jim MD FP
1422 Sam Houston Blvd.
Houston, MO 65483
U of MO-Col, 95

AMA Physician's Recognition Award

The following physicians have completed 150 hours of continuing medical education within a three-year period. Sixty of the credit hours are earned in Category 1 program.

Milamari Cunningham, *Columbia*
Kenneth Derrington, *Laurie*
Wendell Elliott, *Poplar Bluff*
Michael Fedotin, *Kansas City*
Polly Galbraith, *Kansas City*
E. Jerome Hanson, *Kansas City*
Nancy Hayes, *Mountain Grove*
Max Heeb, *Sikeston*
Marty Kanne, *Kansas City*
Debra Koivunen, *Columbia*
David Meece, *Jackson*
Orville Mehaffy, *Joplin*
Peter Molberg, *Springfield*
Arturo Montes, *St. Louis*
H. Bryan Rogers, *St. Louis*
Paul Spence, *Cape Girardeau*
Luther Spurlock, *Rolla*
Ernest Szabados, *Independence*
James Thompson, *West Plains*
Ozoemenam Uketui, *St. Joseph*

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CME Listing

MARCH

13 - *St. Louis:* Oncology Imaging: A New Era. Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

15 thru 17 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

23 thru 25: *St. Louis:* Neurosurgical Approaches to the Carotid Artery. 12 credit hours. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

24 & 25 - *St. Louis:* Coagulation Consultants Annual Symposium. Advances in Hemostasis and Thrombosis. Call St. Louis University 314-577-8167 or 800-553-2712.

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APRIL

3 thru 7 - *St. Louis:* Medicolegal Death Investigator. Call St. Louis University CME 314-577-8167.

6 thru 8 - *St. Louis:* Surgical Approaches to the Skull Base. 25 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

10 - *St. Louis:* Leroy Sante Lecture. Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

10 - *Moberly:* Insulin Treatment for Diabetes Mellitus 2. Call MU School of Medicine 573-882-0366.

10 - *St. Louis:* Pediatric Advanced Life Support Renewal Course. Call 314-577-5385.

12 thru June 28 - *St. Louis:* Internal Medicine Board Review. Call St. Louis University CME 314-577-8167.

14 & 15 - *St. Louis:* ATLS Provider. Call St. Louis University Surgery Dept. 314-577-8802.

14 thru 16 - *Lake Ozark:* 5th Annual Conference: Key Challenges in Clinical Oncology. Call MU School of Medicine 573-882-0366.

MAY

1 - *St. Louis:* Pancreatic MRI: Virtues and Limitations. Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

3 thru 7 - *St. Louis:* Spinal Fracture Fixation. 32 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

18 - *St. Louis:* Pediatric Advanced Life Support Renewal Course. Call 314-577-5385.

19 & 20 - *Columbia:* 22nd Annual Conference, Common Childhood Problems: Pediatric Infectious Diseases. Call MU School of Medicine 573-882-0366.

JUNE

1 thru 4 - *St. Louis:* Update for Primary Care Physicians. Call St. Louis University CME 314-577-8167.

3 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

14 thru 17 - *St. Louis:* Summer Geriatric Institute. Call 314-577-8462.

21 thru 23 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

22 thru 24 - *Kansas City:* Recent Advances in Medicine. 17 credit hours. Call Bob Kelly, Baptist Medical Center Foundation 816-276-7517.

AUGUST

2 thru 4 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

18 thru 20 - *St. Louis:* Cervical Spine Decompression and Stabilization. 18 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

25 & 26 - *Columbia:* Tenth Annual Conference: Caring for the Frail Elderly. Call MU School of Medicine 573-882-0366.

SEPTEMBER

5 thru 7 - *St. Louis:* Sellar and Parasellar Pituitary Tumors. 19 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

8 thru 17 - *St. Louis:* Clinical Neuroanatomy, Neurology & Neurosurgery. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

18 thru 21 - *St. Louis:* Cranial Microsurgery - Anatomy and Approaches. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

OCTOBER

2 thru 6 - *St. Louis:* Mediolegal Death Investigator Course. Call St. Louis University CME 314-268-5970.

6 & 7 - *St. Louis:* Third International Spinal Microsurgery Workshop. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

20 thru 22 - *TBA:* 23rd Annual Family Practice Update and 25-Year Reunion Department of Family & Community Medicine. Call MU School of Medicine 573-882-0366.

21 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

DECEMBER

TBA - *St. Louis:* Craniofacial Surgery and Transfacial Approaches to the Skull Base. 24 credit hours. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

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teractive break-out and optional sessions will clude opportunities such as the *AMA/Intel ternet Health Road Show* and:

- Future role of medical associations
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- Media interview skills update
- Regaining physician collegiality in the medical profession
- Medical practice management
- Association management and team building
- Leadership skill building

To register for the NLDC and for additional information:

Call the AMA registration hotline, 800 262-3211 or visit the NLDC Web site, www.ama-assn.org

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This day-long skill-building experience on March 25, 2000, is by invitation only and is limited to 50 physicians. The program aims to help physicians succeed in the legislative/regulatory, organized medicine, and managed care arenas. An application, which must be postmarked by December 17, 1999, can be found on the AMA Web site at www.ama-assn.org. Participation includes complimentary registration for the NLDC and CME credit.

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On the Cover: "God's Promise" - by Jesse Barnes. One of his most recent, most successful prints – the summer church panorama – suggest the site of his childhood sketching days.

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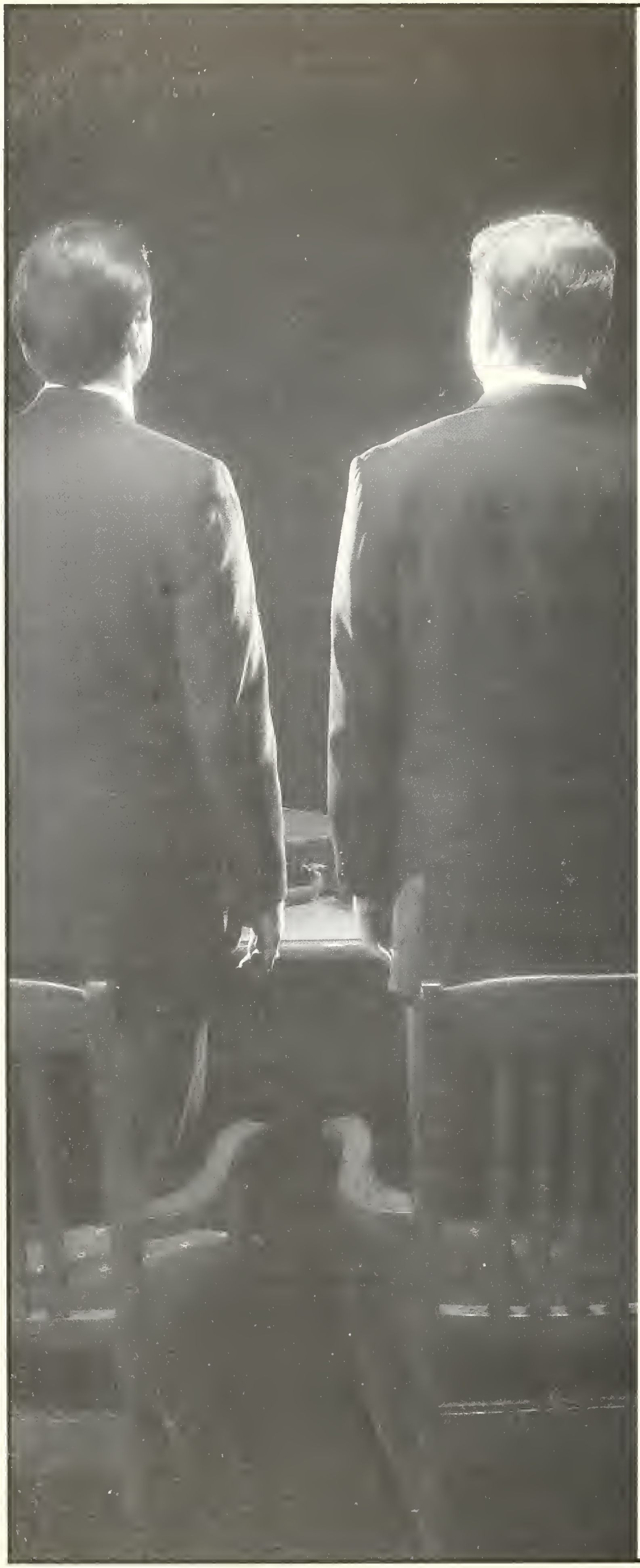

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Smallpox: A Possible Public Health Threat, Again

J. Regan Thomas, MD

I believe it was Missouri native and baseball legend Yogi Berra who coined the phrase, "It's not over till it's over." Like so many of Yogi's quotes, there is real wisdom beneath the veneer of humor.

In recent years, many diseases that most of us thought were from a bygone era or at least from a different part of the world have begun to reappear. Occasional cases of leprosy are being diagnosed by U.S. physicians now, primarily in our growing immigrant population. In recent years there are periodic cases of polio resurfacing. Now there is a new fear of the recurrence of an old medical foe, smallpox. The new concerns have a political overtone.

Smallpox killed millions through the centuries. Until Jenner's smallpox vaccine in England at the end of the 18th century, the disease was one of the world's major health risks. Through the years of course most of the world population was vaccinated against the disease, including a worldwide commitment to eradicate the disease by the World Health Organization (WHO). The disease all but disappeared and was said to be nonexistent in 1980 by the World Health Assembly. Except for foreign travel, routine smallpox vaccinations were halted in the United States in 1971.

So why the concern now? It is primarily related to the threat of what used to be called "germ warfare." Now the attention is also directed at possible terrorist activity through the use of smallpox as a bio-terrorism agent. Although anthrax has had most of the spotlight in recent years, smallpox is another potential weapon.

Although anthrax has had most of the spotlight in recent years, smallpox is another potential weapon.

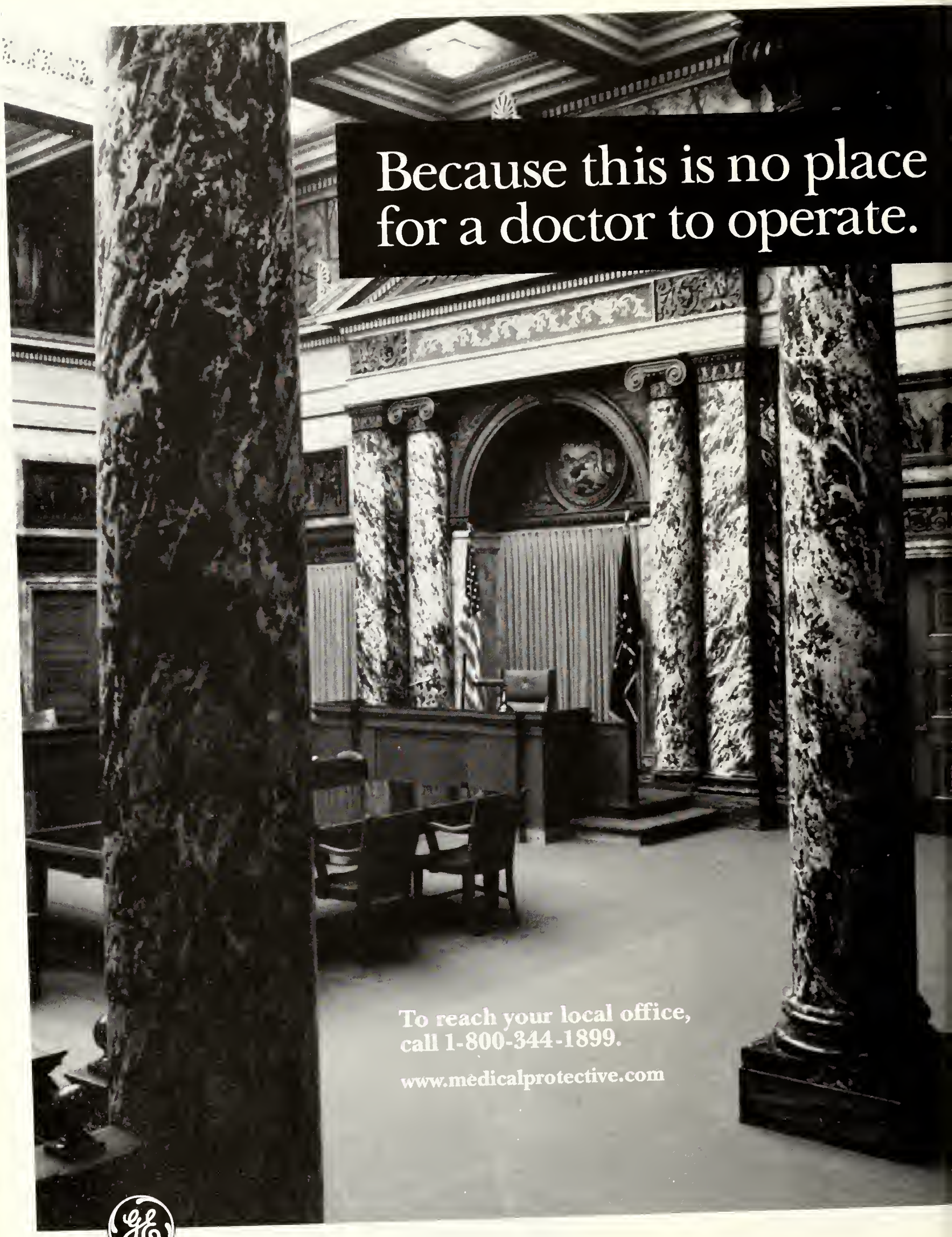
There are two concerns related to smallpox in this context. First, many infectious disease experts feel that few Americans are now immune to smallpox. It is felt that a booster vaccination is required every 10 years to remain immune and routine vaccinations were stopped in 1971. So even those individuals who were formerly vaccinated are about 20 years overdue for a booster.

The second problem is that there is not enough vaccine available to accommodate the majority of Americans. Vaccine has not been produced for about 30 years and the remaining supplies which are maintained at the Centers for Disease Control (CDC) are only felt to be enough to vaccinate about seven million people. That leaves about 263 million U.S. citizens unprotected.

Although research is ongoing to develop an improved immunization method to protect from smallpox, a study in St. Louis is progressing to try to make the best and most efficient use of the vaccine materials the nation presently has stockpiled. The thought is that if the vaccine can be diluted and remain effective, we may be able to make the stored vaccine go further.

In a National Institutes of Health (NIH) funded study, Sharon Frey, MD, from the Center for Vaccine Development at St. Louis University Health Sciences Center is exploring the possibility of diluting the vaccine. If the vaccine proves to be effective when diluted 10 or even 100 times, then of course our present vaccination protection will be a much more valuable commodity.

Again the interesting equation that brings together elements of politics, public health, and medical practice is a fascinating one. This time the new attention to the modern prospect of bio-terrorist acts bring to the forefront the ancient disease that most of us thought was gone forever. Yogi was right again. MoMed



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40 Members/40 Lawmakers Participate in the Alliance Day at the Legislature

"Leap into Legislation," the Alliance's 2000 Day at the Legislature was a huge success. About 40 Alliance members lobbied 40 lawmakers in the Capitol on March 1. Shown right are representatives from Buchanan County: Dr. and Mrs. Stanley Crie, Representative Charles Shields, Rhonda Wade, Alliance Vice President - Membership, and Mary Shuman.

Above: (left) Representative Craig Hosmer, (center) Green County President-Elect Howard Redmon, and (right) Resprentative Roy Holand, MD, all of Springfield.

Above: Representative Ronnie Miller, Stockton, and Alliance MMPAC Chair Michele Kennett.

Left: (from left) Jean Wankum, AMA Field Director, Cole; Representative Gary Burton; Representative Gary Marble, ; Thomas Moore, MD; Lori Jones, Alliance Member; Kathy Riscoe, Vice President-Health; and Becky Moore, Aliance Past President; all from Joplin. At back are Dr. and Mrs. Leon Gregston.

Right: Alliance Fall Conference Co-Coordinator Deborah Greene, Boone, and Representative Tim Van Zandt, Kansas City.

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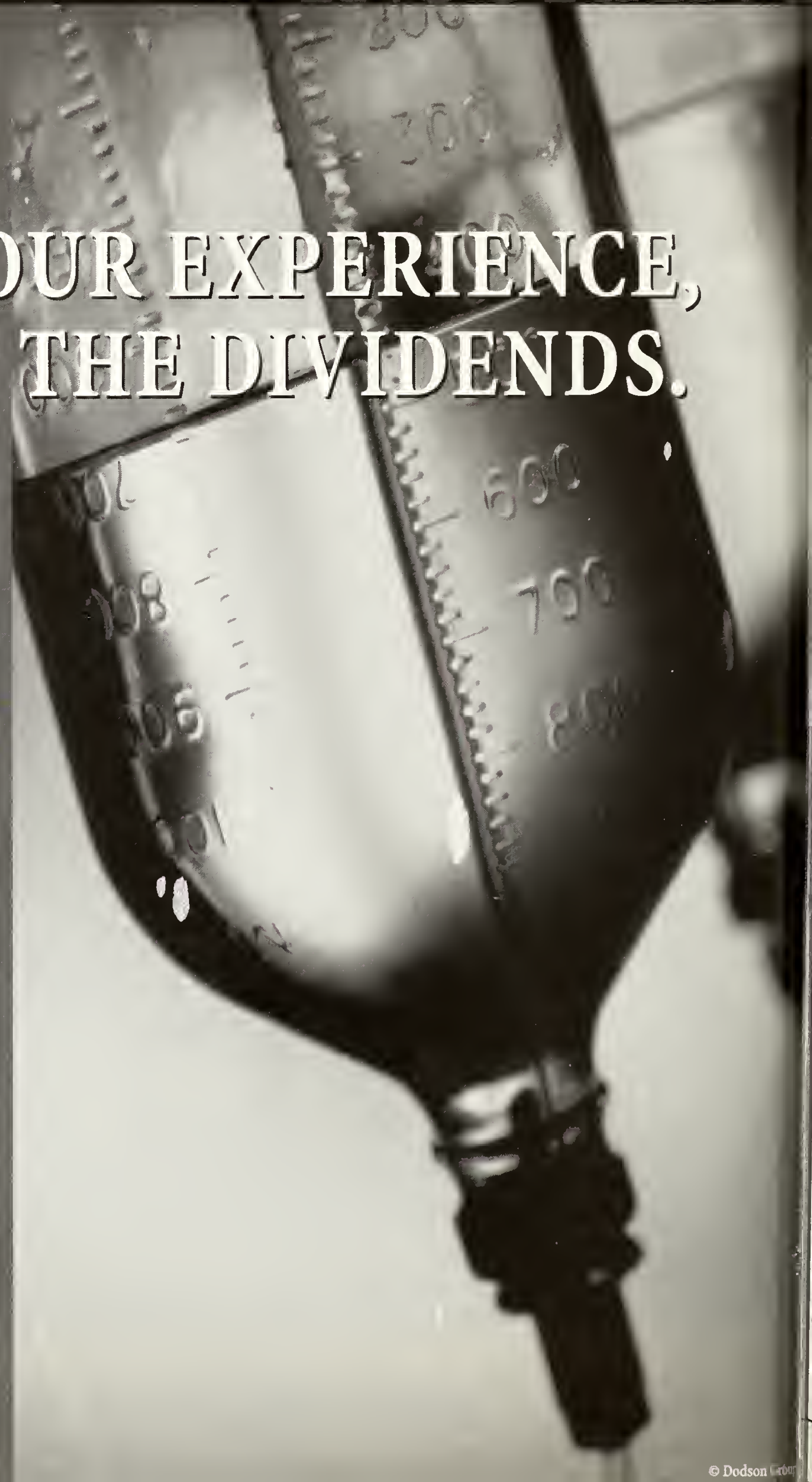

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Toxic Epidermal Necrolysis Secondary to Vancomycin

Kirk Chan-Tack, MD

CASE PRESENTATION

A 46-year-old, penicillin-allergic woman was admitted for treatment of concomitant Staphylococcus aureus bacteremia and an infected hip joint prosthesis. Intravenous vancomycin was initiated and on the second hospital day, she underwent removal of the infected prosthesis, drainage of purulent fluid collections, and debridement of necrotic bone and soft tissue.

On the eighth hospital day, the patient became febrile and a purpuric, morbilliform rash erupted on her face, chest, abdomen, genitalia, and extremities. The rash became confluent and evolved into an intense erythroderma. Over the next two days, flaccid bullae appeared diffusely across the body and large sheets of necrotic epidermis were lost. This exfoliative rash eventually covered 50% of the patient's body surface area. Her lips and oral mucous membranes were erythematous and had multiple bullae and ulcers. Ocular changes included loss of eyelashes, hyperemia, and keratoconjunctivitis sicca. The patient also complained of photophobia and excruciating skin pain. Notable laboratory findings were lymphocytosis with atypical lymphocytes, and eosinophilia.

Skin biopsy showed full-thickness epidermal necrosis and detachment. There was no penetration of the epidermal-dermal junction. The pathologic findings and clinical features were consistent with toxic epidermal necrolysis (TEN). The patient's only medications were intravenous vancomycin, subcutaneous heparin, and oral ranitidine. Her past medical history was notable for a two-year history of gastroesophageal reflux disease that was well controlled with ranitidine. Vancomycin and heparin had been started upon admission. After carefully reviewing the literature and discussing the case with the hospital's dermatologists and pharmacists, it was postulated that this patient developed TEN secondary to vancomycin.

Vancomycin was discontinued, the patient underwent oxacillin desensitization, and completed a six-week course of intravenous oxacillin and synergistic doses of gentamicin. The patient received vigorous supportive care for her skin. This included daily whirlpool therapy to debride the necrotic epidermis and topical antimicrobials to the affected areas. An air-fluid mattress was used to reduce risk of ulcer formation. Fluid and electrolyte-imbalances were managed and total parenteral nutrition was given for nutritional support. The patient received subcutaneous heparin for deep venous thrombosis (DVT) prophylaxis and ranitidine for stress-ulcer prophylaxis. Pain control was achieved with morphine sulfate. The patient was also given stool softeners to counteract the side effects of morphine. Epidermal regrowth was gradual and without complications. Ocular sequelae and mucosal erosions also resolved and the patient was discharged to an intermediate care setting after eight weeks of hospitalization. By systematically excluding other causes for the patient's condition, examining the interval between the initiation of vancomycin and onset of the reaction, documenting clinical improvement after the drug was discontinued, and reviewing the literature for similar reactions to vancomycin (two cases had been previously reported), our postulate was confirmed.

DISCUSSION

TEN is a rare but serious cutaneous reaction with a high mortality rate (25-30%). In cases such as the one presented here, the differential diagnosis includes Stevens-Johnson syndrome, erythema multiforme, hypersensitivity syndrome, serum-sickness, angioedema, small-vessel vasculitis, and anticoagulant-necrosis.[1] The clinical findings seen in drug-induced skin eruptions are both constitutional [fever (>40 degrees Celsius), lymphadenopathy, arthralgias, arthritis, shortness of breath, wheezing, hypotension] and cutaneous [confluent erythema, facial edema, skin pain, palpable purpura, skin necrosis, blisters or epidermal detachment, positive Nikolsky's sign, mucosal erosions, urticaria, tongue-swelling]. Laboratory results include lymphocytosis and eosinophilia. A comprehensive workup entails a detailed history and physical, medication list (including date of onset of each drug), and excluding infectious, rheumatologic, or hematolgic causes.

TEN has been reported worldwide in all age groups. It is more common in elderly patients, who are prescribed more medications than younger patients.[2] Drugs are the primary cause of TEN, and the most common offenders are sulfonamides, aminopenicillins, anticonvulsants, barbiturates, oxicam-NSAIDs, and allopurinol.[1,2] The typical interval from the onset of drug therapy to adverse reaction ranges from one to three weeks. Vancomycin is an infrequent cause of this syndrome, with only two previously reported cases in the literature.[3,4] TEN is characterized by bullae that arise in widespread areas of erythema and then slough, causing sheet-like loss of epidermis in over 30% of body surface area. Nikolsky's sign (the outer layer of the epidermis separates readily from the basal layer with lateral pressure) is positive in erythematous areas. Mucosal erosions are seen in 90% of patients, and conjunctival lesions occur in 85%. The epithelium of the trachea, bronchi, or gastrointestinal tract may also be involved.[1,5,6] Skin biopsy helps confirm the diagnosis by excluding bullous diseases not related to drug therapy.[1] Poor prognostic factors include increased age, more extensive epidermal detachment, elevated blood urea nitrogen levels, and visceral involvement.[6] Treatment necessitates discontinuation of the offending medication, control of infection (50% of deaths are due to sepsis), removal of necrotic epidermis, maintainenance of fluid and electrolyte-balance, nutritional supplementation, DVT and anti-reflux prophylaxis, and adequate pain control.[1,5]

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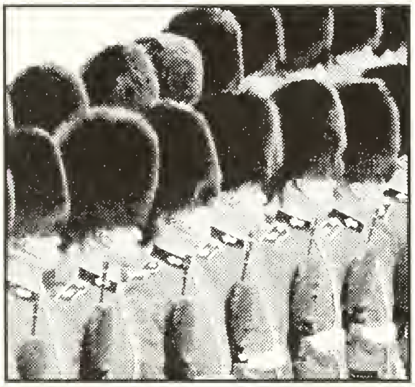

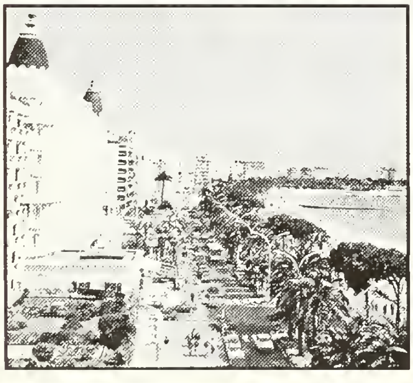

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Tri-County Medical Society Holds Meetiing

The Tri-County Medical Society met on March 1, 2000, at Mal Maison in St. Alban's, Missouri. Tri-County is composed of Franklin, Gasconade, and Warren counties. There were approximately 35 attendees, which included physicians, spouses, and guests.

During the meeting, the Tri-County membership voted to donate $2,500 to a local medical/dental society whose members will be traveling to Honduras to assist with the building of a hospital.

Benita Stennis, MSMA's Director of Field Services, attended the meeting and addressed the attendees. Ms. Stennis briefly discussed some of MSMA's benefits and services. Additionally, she informed the Tri-County members that MSMA will start assisting unstaffed medical component societies statewide with meeting planning and other tasks as needed. Tom Riechers, MD, Tri-County President, introduced Tim Jordan, MD, the speaker for the evening. Dr. Jordan, a developmental and behavioral pediatrician, presented on child and adolescent behavior and development and parenting skills.

Tri-County's next meeting is April 20, 2000. The continuing medical education topic will be breast cancer prevention and screening. **MoMed**

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AIR FORCE

Missouri Chapter of the American College of Surgeons Annual Meeting

Meeting Notice and Call for Abstracts

Meeting Dates: June 16-18, 2000 • *Abstract Deadline:* April 15, 2000

Location: Lodge of the Four Seasons Resort, Lake of the Ozarks

Featured Speakers:

Thomas R. Russell, MD
Executive Director of the American College of Surgeons

Burt Katubig, MD
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Members In The News

Philip C. Anderson, MD, Professor Emeritus, stepped down as Chairman after 36 years of service to MU Dermatology and the University of Missouri. His MU life was recently celebrated by former residents, family and friends in Columbia. Humorous and serious remarks were made by three Masters of Ceremony and 12 Advocates.

Michael S. Clarke, MD, FACS, has been elected to the Board of Directors of the Defense Orientation Command (DOCA). Dr. Clarke is a Colonel in the U.S. Army Reserve and the Chief of Orthopedic Surgery at the 21st General Hospital in St. Louis.

Timothy Allen Wilson, MD, of Trimble was recently recertified as a Diplomate of the American Board of Family Practice.

Terry Eugene Hall, MD, Bethany, was recently honored for 15 years of membership in the American Academy of Family Physicians.

Michael L. Craighead, MD, FACS, Jefferson City, has been recertified by the American Board of Surgery. He scored in the 95th percentile of all surgeons taking the examination.

Dr. Richard Valuck, **Dr. Richard Ha** and **Dr. Carl Kruse** recently spoke at "Heartwise 2000" sponsored by the CHART Wellness Task Force, American Heart Association and Hannibal Regional Hospital.

Philip Dean, MD, a board certified neurologist from Washington, will facilitate a headache support group at St. John's Mercy.

R. Vance Dell, MD, board certified radiologist, was the featured speaker on the topic of "X-Rays and the Breast Cancer Patient" at Hannibal Regional Hospital's Breast Cancer Support Group.

The American Heart Association recognized **Jerry D. Kennett, MD,** Columbia, for his contributions to the community. He received the Hugh Stephenson Award for his work in heart-related education and research.

Dr. Sam Bonney, Washington, received the Spirit Mercy Award for his longtime commitments to health care, education, service, and charity which have improved the lives of other people.

The Association of Professors of Gynecology and Obstetrics announced that **Mary Beth Benton, MD,** Columbia, was one of 20 scholars selected for the APGO/Solvay Pharmaceuticals Educational Scholars Development Program.

William Peck, MD, Washington University professor of medicine, received a four-year, $9.4 million grant from the National Institutes of Health for the General Clinical Research Center.

Dennis Choi, MD, Washington University professor and head of neurology, received a five-year, $5.4 million grant from the National Institute of Neurological Disorders and Stroke for research related to cell transplantation after spinal cord injury.

Dr. Philip Cryer, Washington University professor of endocrinology and metabolism, received a one-year, $100,000 grant from the American Diabetes Association.

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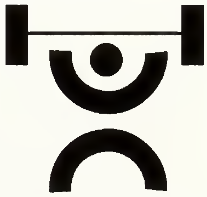

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In Memoriam

James G. Shea, MD, 75, *Washington,* died December 3, 1999. Dr. Shea was a general practitioner and a member of the Missouri State Medical Association.

John J. Morris, MD, 61, *Columbia,* died December 24, 1999. Dr. Morris was a general practitioner and a member of the Missouri State Medical Association.

Theodore R. Maxson, MD, 86, *Lake of the Ozarks,* died January 8, 2000. Dr. Maxson was an allergy specialist and a member of the Missouri State Medical Association.

Gilbert "Gib" Kelley, MD, 87, *Savannah,* died January 16, 2000. Dr. Kelley was a family practitioner and a member of the Missouri State Medical Association.

William F. Sanders, MD, 79, *Kansas City,* died January 27, 2000. Dr. Sanders practiced internal medicine and was a member of the Missouri State Medical Association.

Paul Moss, MD, 89, *Overland Park, KS,* died February 3, 2000. Dr. Moss practiced internal medicine and was a member of the Missouri State Medical Association.

Francis C. King, MD, 74, *St. Louis,* died February 4, 2000. Dr. King was a family practitioner and a member of the Missouri State Medical Association.

Thomas R. Thale, MD, 84, *St. Louis,* died February 7, 2000. Dr. Thale was a psychiatrist and a member of the Missouri State Medical Association.

Franz U. Steinberg, MD, 86, *St. Louis,* died February 7, 2000. Dr. Steinberg practiced rehabilitation and geriatric medicine and was a member of the Missouri State Medical Association.

Robert C. Kingsland, MD, 86, *St. Louis,* died February 10, 2000. Dr. Kingsland practiced internal medicine and was a member of the Missouri State Medical Association.

Milton H. Noltensmeyer, MD, 84, *Lenexa, KS,* died February 12, 2000. Dr. Noltensmeyer was an anesthesiologist and a member of the Missouri State Medical Association.

Albert L. Bonfanti, MD, 77, *Chesterfield,* died February 13, 2000. Dr. Bonfanti practiced obstetrics and gynecology and was a member of the Missouri State Medical Association.

Jesse R. Ramsey, DO, FACOP, 53, *Cape Girardeau,* died February 23, 2000. Dr. Ramsey practiced pediatrics and was a member of the Missouri State Medical Association.

www.msma.org

AMA Physician's Recognition Award

The following physicians have completed 150 hours of continuing medical education within a three-year period. Sixty of the credit hours are earned in Category 1 program.

James F. Conant, *St. Joseph*
Sam A. Crow, *Springfield*
F.R. Esparrago, *Monett*
Michael W. Farrar, *Kansas City*
Vincent P. Gurucharri, *Columbia*
Monte D. Maska, *Springfield*
Robert H. Michaels, *Springfield*
Michael C. Murphy, *St. Louis*
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Alkadry, Suha MD PD
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Cape Girardeau, MO 63701
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Allmon, Donna J. MD FP
69 Doctors Park
Cape Girardeau, MO 63703
Univ of MO-Kansas City 1992

Davidson, Joseph K. MD OPH
360 S. Mt. Auburn Rd.
Cape Girardeau, MO 63702
Georgetown Univ Med Sch-Washington, DC 1992

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1834 Broadway
Cape Girardeau, MO 63701
Dartmouth-Hanover, NH 1972

Glenn, Byron C. MD FP
1702 N. Kingshighway
Cape Girardeau, MO 63701
Univ of IL-Chicago1987

CLAY-PLATTE

Jones, Paul R. MD CD
2750 Clay Edwards Dr., #420
N. Kansas City, MO 64116
Univ of TX-San Antonio 1989

GREENE

Ford, Edward G. MD PDS
1965 S. Fremont, #2400
Springfield, MO 65804
Univ of TX Med Sch-Houston 1982

METRO MED OF GREATER KC

Benzuly, Scott E. MD PDA
10301 Hickman Mills Dr., #100
Kansas City, MO 64137
Univ of TX Med Sch-Houston 1984

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9119 W. 74th St., #300
Shawnee Mission, KS 66204
Univ of MO-Kansas City 1981

Israel, Atef F. MD AN
10301 Hickman Mills Dr., 100
Kansas City, MO 64137
Univ of Alexandria, Egypt 1977

METRO MED OF GREATER KC RESIDENTS

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Kansas City, MO 64111
Univ of MO-Kansas City 1999

Joshi, Amit M. MD IM
7352 Royalty Way, #206
Merriam, KS 66203
Seth GS Med Col Univ of Bombay-India 1993

MID-MISSOURI

Tripathy, Sanchayita MD IM
509 E. 10th St.
Rolla, MO 65401
LA State Univ-New Orleans 1989

NORTHEAST

Boxerman, Carrol L. DO FP
3145 Hwy. 61 N.
Hannibal, MO 63401
Kirksville Col of Osteo Med 1994

Burtman, Mark L. MD OBG
70 Pioneer Trail
Hannibal, MO 63401
Creighton Univ-Omaha 1992

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Kirksville Col of Osteo Med 1981

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Hannibal, MO 63401
Kirksville Col of Osteo Med 1989

Rendlen, Melissa F. DO FP
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Hannibal, MO 63401
Kansas City Col of Osteo Med 1981

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Boschert, Mark T. MD PS
400 First Capitol Dr.
St. Charles, MO 63301
Univ of MO-Columbia 1993

Craig, Stefan MD PS
400 First Capitol Dr., #405
St. Charles, MO 63301
Univ of MO-Columbia 1993

Martin, Stanley B. MD NS
330 First Capitol Dr., #430
St. Charles, MO 63301
Wash Univ 1987

ST. LOUIS METROPOLITAN

Johnston, Marilyn F.M. MD CLP
11133 Dunn Rd.
St. Louis, MO 63136
St. Louis Univ 1975

Rayne, Susan C. MD PTH
11133 Dunn Rd., Dept. PTH
St. Louis, MO 63136
Washington Univ Med Sch 1987

SALINE

Jerome, Tawnyia MD FP
2303 S. Hwy. 65
Marshall, MO 65340
Univ of MO-Kansas City 1996

Koehn, Douglas P. MD FP
2303 S. 65 Highway
Marshall, MO 65340
SD Sch of Med-Sioux Falls 1985

Ryan, Timothy J. DO IM
2303 S. Hwy. 65
Marshall, MO 65340
Univ Hlth Sci-Kansas City, MO 1991

WEST CENTRAL

Miller, James L. DO FP
200 W. Chestnut
Butler, MO 64730
Univ Hlth Sci-Kansas City, MO 1995

SLU STUDENTS

Nitin, Sil

UMKC STUDENTS

Bhatnagar, Pawan
Dickinson, Brett M.
Kontak, Andrew C.
Miller, Rea S.
Zimmerman, Hannah

CME Listing

APRIL

6 thru 8 - *St. Louis:* Surgical Approaches to the Skull Base. 25 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

10 - *St. Louis:* Leroy Sante Lecture. Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

10 - *Moberly:* Insulin Treatment for Diabetes Mellitus 2. Call MU School of Medicine 573-882-0366.

10 - *St. Louis:* Pediatric Advanced Life Support Renewal Course. Call 314-577-5385.

12 thru June 28 - *St. Louis:* Internal Medicine Board Review. Call St. Louis University CME 314-577-8167.

14 & 15 - *St. Louis:* ATLS Provider. Call St. Louis University Surgery Dept. 314-577-8802.

14 & 15 - *St. Loius:* Common Neurological and Neurosurgical Problems in Children. Call Washington University at 800-325-9862.

14 thru 16 - *Lake Ozark:* 5th Annual Conference: Key Challenges in Clinical Oncology. Call MU School of Medicine 573-882-0366.

15 - *Kansas City*: Cardiovascular Care for a New Age: An Educational Symposium Celebrating the 20th Anniversary of the Mid American Heart Institute of Saint Luke's Hospital of Kansas City. 4 credit hours. Call Kim McChesney, CME Coordinator, 816-932-5140.

28 - *Kansas City*: 6th Annual Symposium For and About Women Physicians. 6 credit hours. Call Kim McChesney, CME Coordinator, 816-932-5140.

MAY

1 - *St. Louis:* Pancreatic MRI: Virtues and Limitations. Call R. Gilbert Jost, MD, Mallinckrodt Institute of Radiology 314-362-7130.

3 thru 7 - *St. Louis:* Spinal Fracture Fixation. 32 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

12 & 13 - *St. Louis:* Maxillofacial Surgery for Operating Room Personnel. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

15 thru 18 - *Lake of the Ozarks:* MAFP 52nd Annual Meeting. 18+ possible credit hours.

18 - *St. Louis:* Pediatric Advanced Life Support Renewal Course. Call 314-577-5385.

19 & 20 - *Columbia:* 22nd Annual Conference, Common Childhood Problems: Pediatric Infectious Diseases. Call MU School of Medicine 573-882-0366.

JUNE

1 thru 4 - *St. Louis:* Update for Primary Care Physicians. Call St. Louis University CME 314-577-8167.

3 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

14 thru 17 - *St. Louis:* Summer Geriatric Institute. Call 314-577-8462.

21 thru 23 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

22 thru 24 - *Kansas City:* Orear Institute for Post Graduate Studies. Recent Advances in Medicine. Boston University/Baptist MedicalCenter. 17 credit hours. Call Bob Kelly, Baptist Medical Center Foundation 816-276-7517.

23 thru 25 - *St. Louis:* Labaroscopic Urologic Oncology. Call Washington University at 800-325-9862.

JULY

17 thru 21 - *Kansas City*: The Third Annual Greater Kansas City Internal Medicine Board Review Course. 40 credit hours. Call Kim McChesney, CME Coordinator, 816-932-5140.

AUGUST

2 thru 4 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

18 thru 20 - *St. Louis:* Cervical Spine Decompression and Stabilization. 18 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

25 & 26 - *Columbia:* Tenth Annual Conference: Caring for the Frail Elderly. Call MU School of Medicine 573-882-0366.

SEPTEMBER

5 thru 7 - *St. Louis:* Sellar and Parasellar Pituitary Tumors. 19 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

8 thru 17 - *St. Louis:* Clinical Neuroanatomy, Neurology & Neurosurgery. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

18 thru 21 - *St. Louis:* Cranial Microsurgery - Anatomy and Approaches. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

OCTOBER

2 thru 6 - *St. Louis:* Mediolegal Death Investigator Course. Call St. Louis University CME 314-268-5970.

6 & 7 - *St. Louis:* Third International Spinal Microsurgery Workshop. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

20 thru 22 - *TBA:* 23rd Annual Family Practice Update and 25-Year Reunion Department of Family & Community Medicine. Call MU School of Medicine 573-882-0366.

21 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

NOVEMBER

10 & 11 - *St. Louis:* Surgical Treatment Options for Chronic Mechanical Low Back Pain. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

10 thru 12 - *Branson:* MAFP Fall Conference. 10+ possible credit hours.

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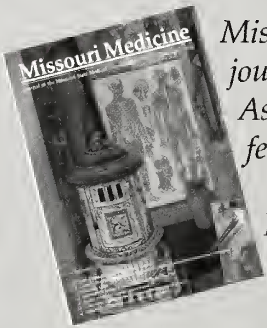

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Information for Contributors

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In addition, in view of The Copyright Revision Act of 1976, effective Jan. 1, 1978, transmittal letters to the editor should contain the following language:

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Please include the original and two copies for review. Retain another copy for proofreading. Please number the pages of your manuscript. Manuscripts are not returned. Hospital and University appointments of the authors should accompany the manuscript. Please submit manuscripts on a 3½ diskette labelled with the version of wordprocessing used or via e-mail to bjungermann@msma.org.

References

References should be cited in numerical order in the text and arranged at the end of the article in the same order in which they are cited. The reference should give name of author, title of article, name of periodical, year, volume number, and page numbers.

Example:
1. Galata JF, Blue JM, Gaines RW. Osteochondroma of the scapula. *Missouri Medicine* 1995;92:95-97.

Authors are responsible for the accuracy of the reference. Refer to the *American Medical Association Manual of Style*, 9th Ed., AMA, Chicago, IL, 1998, to answer any questions regarding style.

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Editorials should be written in clear, concise language. The length of an editorial should be limited to two or three pages typed double-spaced.

The opinions expressed by the authors are not necessarily those of the Missouri State Medical Association nor should publication be considered an endorsement by the MSMA.

Letters will be published at the discretion of the editor, managing editor, and editorial board.

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MISSOURI MEDICINE

VOLUME 97, NUMBER 5

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On the Cover: "Fields of Blue" - by Jean Foster. Ms. Foster, *Warrensburg,* is a professional artist. The cover is done in oils.

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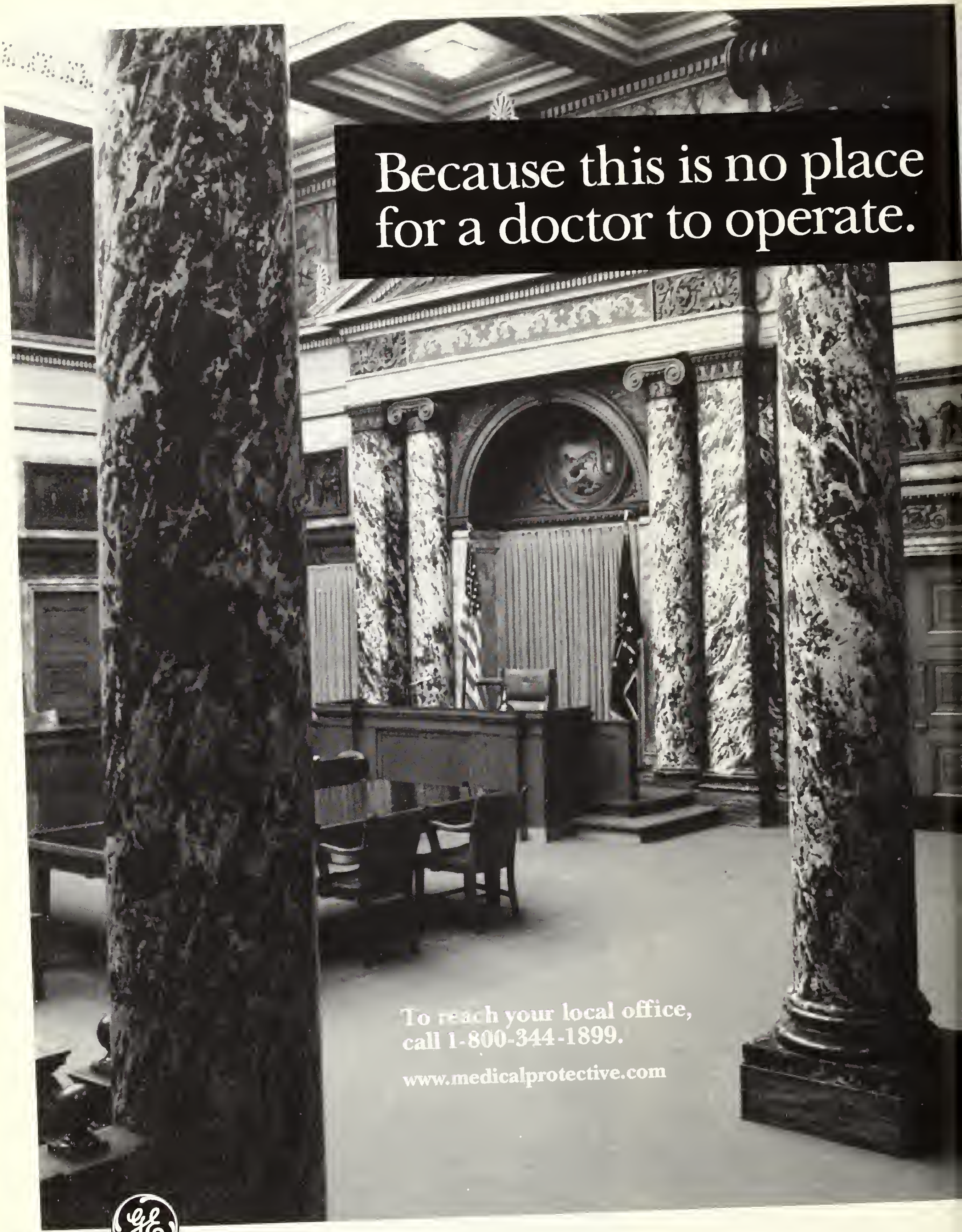

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Medical Education's Challenge

J. Regan Thomas, MD

We may be on the precipice of a dramatic change in medical education in the United States. Several events converged to make academic medical centers ponder significant concerns about their future. It is predicted by some that a number of medical schools may be required to close in the coming years. Those which remain may need to make momentous changes in their mission, curriculum, and faculty.

These challenges are being experienced nationwide and certainly the Missouri medical schools, both public and private, are sharing similar obstacles. The difficulties being encountered all have financial implications. Managed care contracts present the same difficulties with reduced reimbursement and increased administrative hurdles that nonteaching hospitals must cross (as well as private physicians). In addition to that loss of revenue for services provided, teaching institutions tend to have inherent higher overhead related to the educational mission.

The Balanced Budget Act of 1997 is causing major loss of income from Medicare reimbursement. The mandates from that act have cut the support formerly afforded to teaching hospitals for resident physician education. Recent meetings of the Medicare Payment Advisory Commission (MedPAC) make it appear that greater loss of support for medical education can be expected.

Medical schools also tend to treat two costly types of patients. The difficult and challenging patients (which often are more expensive to treat), and the indigent patient population. With active decreases in reimbursement sources, the medical schools and teaching centers have been operating with greater and greater losses.

There are other costly activities which increase overhead too. A major one is compliance with HCFA regulations. Compliance oversight and staffing creates a whole new bureaucracy for the academic center. Failure to precisely comply has cost tens of millions of dollars to several prestigious centers in fines and legal costs. Medical academic centers have been prime targets for the fraud and abuse branches of Medicare and HCFA. A whole new industry has developed by consultants who offer services to help deal with these complicated and perplexing regulations.

Most medical schools are responding by trying to cut costs and overhead, decreasing staff and support personnel, and streamlining billing and collection activities. Some may say that is long overdue and these are steps that should have been taken anyway. Perhaps, but the problem is greater than that. Even greater cutbacks are going to be required. That means cutbacks in services provided. Fewer indigent care patients can be seen. Medical school faculty will need to spend greater time in clinical revenue generating activities and less time teaching or pursuing research. There may be the need to train fewer medical students, and resident physicians. There may be some medical schools that simply will close.

Will American health care have been served by this scenario? In the long run will it be in our society's benefit to train fewer physicians, provide less sophisticated care, or provide less care to the indigent and uninsured? These are genuine and serious threats to our medical schools and our physician training tradition. There are no doubt a few in the medical community who see medical schools as competition in the marketplace and not be too concerned about medical education's present misfortunes. In the long run, however, the educational basis that provided what most of us think of as the best medical system in the world will be missed. To allow regulatory entanglement, short sighted lack of support and inappropriate reimbursement to destroy an educational system that has provided such value to society will be a monumental loss. MoMed

Gordon Goldman, MD
MSMA President

Gordon Goldman, MD

Gordon M. Goldman, MD, an ObGyn physician from St. Louis, will serve as President of the Missouri State Medical Association in 2000. He was formally installed April 8, 2000, during MSMA's Sesquicentennial Convention in Kansas City.

Dr. Goldman came to St. Louis in 1962 from his native town of Toledo, Ohio, following his graduation from the University of Toledo, earning his B.S. in biology and chemistry. He received his M.D. from the St. Louis University School of Medicine in 1966 and completed a rotating internship at Good Samaritan Hospital in Cincinnati, Ohio, in 1967. He returned to St. Louis where he completed a first year general surgery residency at the Jewish Hospital of St. Louis in 1968. Following two years of active duty in the U.S. Army as a general surgeon in the Specialized Treatment Center at Fort Gordon, Georgia, and a combat surgeon in Vietnam, Dr. Goldman returned again to St. Louis, where he completed a residency in Obstetrics and Gynecology at the Jewish Hospital.

Dr. Goldman has been in private practice of Obstetrics and Gynecology in St. Louis since 1974. He holds a faculty appointment at the Washington University School of Medicine as a clinical instructor. He is on the staff of St. John's Mercy, St. Luke's, Missouri Baptist, DePaul, and Christian Hospitals in St. Louis. He is Board Certified, a member of the American College of Obstetricians and Gynecologists, and a Diplomate of the American Board of Obstetrics and Gynecology. He is also a member of the St. Louis Gynecology Society, the St. Louis Metropolitan Medical Society, and the American Medical Association.

Dr. Goldman was a founding member of the Eastern Missouri Make-A-Wish Foundation; and a founding member and currently national Vice-President of the National Organization of Physicians Who Care. He has served on the boards of the Children's Home Society of Missouri and the Traditional Congregation Synagogue. He is a licensed amateur radio operator, a member of the Medical Amateur Radio Council, and a life member of the American Radio Relay League.

Dr. Goldman and his wife, Roberta, have two children, Mark and Melissa. MoMed

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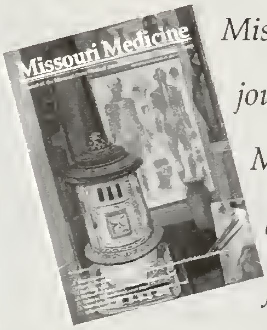

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Becky Jungermann, Managing Editor 573-636-5151,

send an email to bjungermann@msma.org

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For information about submitting an article, see the inside back cover

Recognition of Members

If you or a colleage have recently been recognized, send a short paragraph to *Missouri Medicine.* Please indicate who, what, when and where with a brief description of the recognition.

Eileen Chalk
MSMA Alliance President

Eileen Chalk

Eileen Chalk, Washington, Mo., was installed as the 2000-2001 Alliance President at its 75th Anniversary Convention in Kansas City, April 8, 2000. She is the wife of David E. Chalk, MD, an orthopedic surgeon.

In her inaugural speech, Mrs. Chalk related to being "busy as a bee" in her activities as a volunteer, as a mother of three children, Meredith, age 11; Colin, age 9; and Brendan, age 7; and as Board Chair of the Four Rivers Area YMCA in Washington.

Born in Easton, Pennsylvania, her family moved to Lexington, Kentucky in 1963. She received a B.S. in microbiology from the University of Kentucky in Lexington. She worked in the medical microbiology and immunology department at the University of Kentucky before moving to St. Louis and taking a job in the immunology department at Washington University School of Medicine as a research technician.

In 1987, she married David, who was in his second year of an orthopedic residency at St. Louis University. After a stint in Cincinnati for a foot and ankle fellowship, the family moved to Washington, where they have lived for almost nine years.

In those nine years Eileen has become active and chaired a number of committees.

"I have a soft spot in my heart for the March of Dimes Walk America event, which has been very successful in our town. The year I chaired the walk we raised over $70,000," she said.

She has served on the YMCA Board of Managers for six years and is currently in the second year of a two-year term as Chair.

"My involvement with the Y has been a great learning experience for me. The Y touches so many people's lives. Here in Missouri it is the largest provider of day care," Eileen said.

In her speech, she said, "As your new president, I see that as an honor, a responsibility and an opportunity. As leader of the Alliance, it is my task to help make this organization worth every minute you devote to it - and, hopefully, much much more. It is my task to work with all of you to boost our membership - not be begging, pleading or coaxing other physician spouses to sign up, but by making this such a vibrant organization, with such a clear purpose and benefit, that they will *want* to sign up."

"Over the past few decades, the health care industry has been completely transformed into something no one would have ever predicted twenty years ago. Our overall culture - the fast-track family lifestyle - is vastly different than it was when my husband graduated from medical school in 1985. Over the past few decades, our state alliance membership has declined from 1,500 in the 1980's to 765 today."

"That's why, we need to be "buzzing with new ideas", so that we can adapt to the continuously changing environment around us."

"Because I can tell you one thing—there are some out there who aren't taking a minute to rest. The HMO's and health insurance lobbyists. The trial lawyers. The gun lobbies. The child abusers and the drunken drivers and all of those whose actions harm the very lives our spouses work so hard to better. They aren't resting. Neither are diseases like breast cancer, heart disease and diabetes."

"We are all sitting in this room today with one common bond. Health care. When we have our health, we go about our daily busy routines without giving it much of a second thought. But when we lose our health, when it is imperiled—nothing else matters.

The soccer game or the committee meeting that was so important to us just days or weeks before becomes literally meaningless. Health is the one and only issue that affects every single person living on this earth—rich or poor, black or white, urban or suburban. It is the great equalizer, humanity's most humbling force."

During her speech Eileen outlined several goals to help make the organization stronger, bigger and more effective than ever.

"My first goal is to enhance communications between the state and county alliances through the monthly publication of "What's the BUZZ", a newsletter to include information from national and state meetings attended. In addition, minutes from state board meetings will be mailed to board members following state meetings—so that, hopefully, we can build upon each other's strengths, sharing our ideas and resources."

"My second goal is to offer more personal enrichment and development opportunities—to provide the kind of practical leadership training and skills which can strengthen our county alliances, as well as the communities we call home."

"My third goal is to expand the agenda of the three state level meetings. I plan to include the types of speakers and programs, which currently make the national meetings such a worthwhile and enlightening experience.

In Washington, Eileen and her family live on a farm with two horses, O'Henri and Chance, a black Labrador named Bailey, three outdoor cats, Tiger, Alley, and Kate, and a number of fish. **MoMed**

Alliance Officers Directory

•President:
Eileen Chalk,
Franklin-Gasconade-Warren

•President-Elect:
Rhonda Wade,
Buchanan County

•Vice President, AMA-Foundation:
Lori Jones,
Jasper-Newton Metropolitan

•Vice President, Health:
Anne Turnbaugh,
Cole County

•Vice President, Legislation:
Kathlene M. Hazuka,
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•Vice President, Membership:
Carol Jean DeFeo,
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•Recording Secretary:
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Member-At-Large

•Treasurer:
Kathy Riscoe,
Jasper-Newton Metropolitan

•Regional Coordinators:
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Second Region - Cindy Suich, *Boone County*
Third Region - Symie Menitove, *Metropolitan Medical of Greater Kansas City*
Fourth Region - Cindy Gregston, *Greene County*
Fifth Region - Tyronza Pringle, *Cape Girardeau County Area*

•Committee Chairs:
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Bylaws - Joan M. H'Doubler, *Greene County*
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Courtesy - Melinda Kimlinger, *Cole County*
DeNovo Program & Doctors' Day - Gayle Vilmer, *Clay-Platte*
Fall Conference - Kathy Weigand, *Buchanan County*
Finance & Budget - Maura Taylor, *Greene County*
Medical Heritage - Becky Moore, *Jasper-Newton Metropolitan*
Members-At-Large - Michele Kennett, *Boone County*
MMPAC Public Affairs - Elizabeth Huffaker, *St. Louis Metropolitan*
Nominating - Beverly Murrell, *Cole County*

MSMA's Young Physician Section Elects Officers and Establishes Priorities

Mary V. Mason, MD, Chair and Joni C. Scott, Councilor

The second annual meeting of the MSMA Young Physician Section was held in conjunction with the Annual Convention in Kansas City.

Newly elected officers for this term include: Mary V. Mason, Chair and Alternate AMA Delegate, Clayton; Sam Page, Vice Chair and AMA Delegate, St. Louis; Larry Handlin, Secretary/Treasurer, Mexico; Jennifer L. Clark, AMA Delegate, Columbia; Susan C. Threats, MSMA Delegate, St. Louis; Gregory R. Galakatos, MSMA Delegate, St. Louis, and Joni C. Scott, Councilor, Rogersville.

Those present established priorities for the next year. A web page with a link to other young physician sections should be explored. MSMA would manage the page and publish scheduled meetings. It was agreed to offer seminars of concern and interest to young physicians such as financial planning and management practice. Matters of legislative nature and topics related to stress would especially be beneficial. Dr. Handlin suggested posting news on local hospital bulletin boards. The committee hopes to offer family orientated entertainment at the next convention in St. Louis. Every effort will be made to invite nonmembers. MSMA would investigate availability of funds for some programs. A tentative meeting in June or July is being discussed to promote YPS. MoMed

Become a Member of Our Team

If you are a physician who has completed residency and fellowship training, and are below the age of 41 OR has completed residency or fellowship less than five years ago, please contact MSMA to become a member of our team.

We're looking forward to hearing from you!

YPS Officer Directory

Jennifer L. Clark, MD
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Rogersville, MO 65742
417-889-3734

Susan Threats, MD
4488 Forest Park Ave., #330
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John Smith, MD

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- PRA staff will review hospital CME transcripts in place of the application form.
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- The PRA certificate is accepted by many specialty societies as satisfying CME requirements and it is reciprocal with 4 state medical society certificate programs - CA, NJ, VA and PA.

The PRA certificate is listed on Physician Select (AMA home page) and will be a component of AMAP.

Call today to receive information and your application for the *Physician's Recognition Award*. Materials are available by fax or mail. Call 800 621-8335, and press 2 for a fax application.

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New Activities Approved for Credit

At its December 1999 meeting the AMA Council on Medical Education took several actions regarding Category 1 credits for the AMA Physician's Recognition Award.

The following activities will be accepted on an application form for the PRA.

◆ Articles published in peer-reviewed journals (journals included in the *Index Medicus*): 10 category 1 credits for each article, 1 article per year.
(For credit attach a reprint of the first page of the article(s) to the application.)

◆ Poster preparation for an exhibit at a medical meeting designated for AMA PRA category 1 credit, with a published abstract: 5 category 1 credits per poster, 1 presentation per year.
(For credit, attach a page from the program with the abstract and identification of the presenter.)

◆ Teaching, e.g. presentations, in activities designated for AMA PRA category 1 credit: 2 category 1 credits for each hour to a maximum of 10 credits per year.
(2 AMA PRA category 1 credit hours for preparation and presentation of each hour of new and original material designated for category 1 credit by an accredited sponsor, to a maximum of 10 credits per year. A program or announcement of an activity will be acceptable as proof of the teaching activity.)

◆ Specialty board certification and maintenance of board certification (specialty board recertification): 25 AMA PRA category 1 credits.
(For credit, attach a copy of the certificate or the notification letter from the Board.)

◆ Medically related degrees, such as the Master's in Public Health: 25 AMA PRA category 1 credits following award of the advanced degree.
(For credit, attach a copy of the diploma or transcript to the application.) MoMed

Take Advantage of MSMA's Newest Membership Benefits

MSMA Program Cuts Malpractice Premiums

MSMA has received a number of inquiries following the launch of its new medical malpractice insurance program for members, which allows physicians to reduce premium costs.

The program provides two major benefits:

1) members often pay less for their malpractice insurance;

2) the program makes it easier for physicians to change jobs, since the policy will move with the doctor when he or she leaves the employment of a hospital or a physician's group.

MSMA is assisted in this program by Healthcare Insurance Services (HIS), an insurance broker from Houston, Texas specializing in medical malpractice insurance. HIS acts as the insurance broker for approximately 40,000 physicians around the country. The company is lending its expertise to MSMA to insure the program combines high quality and low rates.

Los Angeles-based Farmers Insurance Group will underwrite the policies, something the business has done for 50 years.

According to Farmers, they will offer a minimum of 10-15 percent discount from what most physicians pay now. Farmers has assured MSMA it will meet or beat the rates now available.

If you are interested in receiving a bid to compare to your current premiums, call Tim Aguilar or Hal Kinsey of HIS at 800-733-4474.

MSMA's Medical Savings Accounts

MSMA is pleased to make available a tax-qualified MSA health insurance plan for physicians with self-employment income*. Below is an outline of how Golden Rule Insurance MSAs work to your advantage.

Since MSMA does not hold an insurance license, we cannot answer questions about the plan. So, please call MSMA at 573-636-5151, we will have Golden Rule contact you at your convenience.

. . . .

MSAs come in two parts:

A) High deductible major medical insurance.

B) A tax-qualified account that covers up to 75% of the deductible for a family.

If you are eligible, here are the benefits you would realize with an MSA:

1) The high deductible insurance means you pay less premium to the insurance company.

2) Each year, all deposits to the account itself are 100% tax-deductible (up to the maximum amount allowed by law...$3,450 for a family in 1999.)

3) All money in the account earns tax-deferred interest. Another potential source of retirement income.

4) Withdrawals from the account to pay qualified medical expenses (including dental and vision expenses) are never taxed or penalized.

5) Withdrawals from the account to pay long-term care insurance premiums likewise are never taxed or penalized.

6) At age 65, withdrawals for any non-qualified purpose are subject only to tax, not a penalty.

**You probably have self-employment income if: a) you are a sole proprietor; b) you are a partner in a partnership or Limited Liability Corporation; c) you own a greater than 2% share of a Subchapter S Corporation; or d) you are an owner of a Professional Corporation that has elected to be treated as a Subchapter S Corporation.*

Use MSMA's Contract Review Service

The Missouri State Medical Association has established a network of attorneys for the purpose of reviewing physician employment contracts. The four selected are:

◆	Randy Gerber	Gallop, Johnson & Neuman
	St. Louis	314-615-6217
◆	Craig Van Matre	Van Matre and Harrison
	Columbia	573-874-7777
◆	Bill Mauck	Yates Mauck
	Springfield	417-883-7411
◆	David Patzman	Morrison Hecker
	Kansas City	816-691-2731

The above have significant experience in physician employment contracts and offer fair prices. Although they have been recommended by the MSMA, please note that we are not responsible for any advice rendered or acted upon.

Looking For a New Job?

Medical Employment Directory is a Missouri company specializing in physician placement that has recently been endorsed by MSMA. With five offices statewide, MED's four placement divisions include: physician recruitment, permanent placement, temporary staffing, and human resource consulting. Each personnel counselor is a medical professional with a knowledge of licensing requirements and certifications.

MED is successful at matching physicians to opportunities based on their needs for practice structure, family, personal considerations, and economic potential. Retention rate is 99%. Over 100 practice opportunities are listed with MED. Visit MED's web site at *www.med-search.com* or call 816-756-3445.

Missouri Department of Social Services

Good News for Missouri's Children

Marilyn Knipp, Associate Director

There's good news for Missouri's children that translates into peace of mind for parents of uninsured children – now there is a health insurance program for the child whose parents work but cannot afford health care coverage for the entire family. Many children in Missouri are eligible for the new program entitled, MC+ for Kids.

As part of the federally funded Children's Health Insurance Program (CHIP), Missouri's MC+ for Kids offers one of the nation's broadest income and age requirements for providing health coverage to the state's uninsured children. Families earning higher incomes are required to pay monthly premiums and copayments for office visits and prescriptions.

Since its inception in September 1998, more than 57,000 uninsured children have been enrolled in the program. A recent phone survey of 2,400 MC+ for Kids parents indicated that 75% of them would not have health insurance for the children had MC+ for Kids not been available.

Missouri parents can earn about $3,500 a month for a family of three and have the uninsured children qualify for MC+ for Kids. This includes coverage for a fullrange of medically necessary services including pharmacy, sports physicals, hospital care, speech therapy, and vision care for children from birth to age 19.

How do your patients find out about MC+ for Kids? They may call the MC+ Service Center toll-free at 888-275-5908 or visit the MC+ for Kids website at www.dss.state.mo.us/mcplus. Applications and information are available on the website. You can help your patients by having a supply of applications and program materials, such as posters and information cards, on hand at your office. For more information, send us an e-mail at mcplus@mail.state.mo.us or call 573-751-3770. **MoMed**

MC+ for Kids

Missouri's Health Insurance Program

1-888-275-5908

Do Your Children Qualify?

What You Pay	Maximum Monthly Income Per Family Size (includes parents and children)			
	2	3	4	5
NO-COST	$1,735	$2,182	$2,629	$3,076
CO-PAY $5 VISIT, No-Cost Prescriptions	$2,110	$2,654	$3,197	$3,741
PREMIUM* $68 Monthly, $10 Visit and $5 Prescriptions	$2,813	$3,538	$4,263	$4,988

* Monthly premium covers all eligible children in the family. All income amounts change each April; premiums may change each July.

Do your children need health care coverage? MC+ for Kids is Missouri's health insurance program for uninsured children. Your children may be eligible if they meet these requirements:

- Under age 19;
- Uninsured for 6 months or more;
- The family's income falls within eligibility guidelines; **and**
- For PREMIUM MEMBERS ONLY–health coverage at less than $90 a month is not available.

Missouri Department of Social Services 4/00

Missouri Practitioners Show Notable Improvement in Diabetic Kidney Disease Screenings

Melody Kroll, Health Writer/Editor

ABSTRACT

Missouri practitioners participating in a cooperative Diabetic Kidney Disease Project, organized by the Missouri PRO, showed significant improvement in screening for nephropathy among diabetic patients following a quality improvement intervention. This project provides a solid basis for the National Diabetes Project initiated by HCFA as part of the PRO's Sixth Statement of Work.

❑❑❑

More Medicare beneficiaries are receiving screenings for the detection of nephropathy, or diabetic kidney disease, according to the results of the Missouri Patient Care Review Foundation's (MPCRF) final report on the Diabetic Kidney Disease (DKD) Cooperative Project. Diabetes, which affects over 300,000 Missouri residents, is a leading cause of mortality and disability in the state. One of the more serious complications of diabetes is nephropathy, or diabetic kidney disease. Early detection and prevention are particularly important for preventing or slowing the progression of nephropathy which, if left unchecked, can lead to end-stage renal disease, necessitating dialysis and/or kidney transplantation - both costly therapies with significant morbidity and mortality. A set of clinical practice recommendations for early detection and treatment of nephropathy was developed by the American Diabetic Association (ADA). Compliance with these guidelines is interpreted as reflecting good quality diabetes care and has been shown to result in improved patient outcomes.

By January 1999, over 450 Missouri practitioners from a variety of geographical and clinical settings expressed interest in partnering with MPCRF in a cooperative project designed to increase compliance with the ADA's guidelines for the screening and treatment of diabetic nephropathy. Five quality indicators were measured: QI-1) annual urine protein screening; QI-2) full screening for DKD; QI-3) follow-up of negative urine protein screening; QI-4) ACE inhibitor prescription; and, QI-5) screening for any segment of the ADA's protocol. Each collaborator was asked to develop and implement clinical processes for screening and treating patients with diabetes that conform closely to the ADA's recommendations. The baseline (BL) measurement period (before interventions were implemented by practitioners) was August 1, 1997 to July 31, 1998. Post-intervention (PI) data reflected practice protocols in place during the twelve months from August 1, 1998 through July 31, 1999. At baseline, 2,015 records were abstracted and 1,797 records at post-intervention. In both phases, women patients outnumbered men and the average patient age was approximately 71 years.

The results demonstrated significant improvement in four of the five quality indicators among participating practitioners. For example:

- QI -1 measuring compliance with ADA recommendation for annual urine macroprotein urine screening increased from 32.2% at BL to 43.0% at PI ($p=0.0001$).
- QI -2 measuring the rate of full diabetic nephropathy screening among patients with diabetes not previously diagnosed with nephropathy increased from 13.5% at BL to 22.4% at PI ($p=0.0001$).
- QI-3 measuring follow-up with either a quantitative urine protein test or microalbumin testing sequence for those with a negative urinalysis increased from 9.0% at BL to 23.8% at PI ($p=0.0001$).

- A summary measure (QI-5) reporting on how many patients not previously diagnosed with nephropathy received any form of screening for this condition increased from 36.5% at BL to 56.5% at PI (p=0.0001).

QI-4, measuring for prescription of an ACE inhibitor for patients with a diagnosis of diabetic nephropathy, was the only quality indicator that did not show any significant improvement. The lack of statistically significant improvement in QI-4 stems from a high BL value and from the technical difficulty in abstracting contraindications to treatment from outpatient records. In absolute terms, improvement ranged from 8.9 percentage points for QI-2 to 20.5 percentage points for the summary measure QI-5). In relative terms, the degress of improvement was even more striking ranging from 33.5% in QI-1 to 164.4% for QI-3.

With proper attention and compliance with the ADA's recommendations, screening for nephropathy can be increased. This project focused on a narrow range of patients, specifically Medicare patients diagnosed with diabetes. However, the process improvements achieved by the project's participants will likely improve care to all patients with diabetes.

Results from the DKD Cooperative Project provide a solid basis for the development of MPCRF's continued diabetic screening quality improvement projects. MPCRF is currently recruiting for its National Diabetes Project, which is focused on reducing rates of blindness, amputations, and kidney failure. This project also offers evidence-based tools and interventions to reduce the rate of diabetes associated cardiovascular disease, a major cause of death for the elderly population with diabetes.

If you would like to become involved in MPCRF's National Diabetes Project, contact Gregg Laiben, M.D., toll-free at, 1-800-735-6776. A copy of the DKD Cooperative Project Final Report can be obtained from the MPCRF website (under Reports and Publications) at www.mpcrf.org or by contacting the office at (573) 893-7900.

* * *

Disclaimer: The analyses upon which this article is based were performed under Contract Number 500-96-P612, entitled "Utilization and Quality Control Peer Review Organization for the State of Missouri," sponsored by the Health Care Financing Administration, Department of Health and Human Services. The content of this article does not necessarily reflect the view or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. The authors assume full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by the Health Care Financing Administration, which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of MPCRF. Ideas and contributions to the authors concerning experience in engaging in issues presented are welcomed. MoMed

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Social Security Disability and the Physician

Lana K. Minnigerode, MD

BACKGROUND

As part of its function, the Social Security Administration (SSA) pays benefits to individuals who are found disabled under its Title II and Title XVI programs. The medical criteria are the same for both programs. Disability Determinations Services (DDS) is the state agency that makes the medical decision based on Social Security regulations.

The Title II program (Social Security Disability Income or SSDI) exists for any worker, regardless of their financial resources, who has qualified by paying into Social Security for a specified period of time. If the individual is found disabled, there is a five month waiting period from the time disability is established to when benefits start. Medicare will usually begin two years after the established onset of disability.

The Title XVI (Supplemental Security Income or SSI) is for a person with income and financial resources below a certain level. Upon being found disabled, a person can receive checks and can be covered by Medicaid immediately. The Title XVI program also administers benefits for disabled children.

WHAT CONSTITUTES A DISABILITY?

There are many definitions of disability under public and private programs. Under Social Security law, there are no partial disabilities. The statutory definition of disability for adults under Social Security Disability is:

"The inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a period of not less than 12 months."

A medically determinable impairment is a condition that can be demonstrated by means of signs, symptoms and laboratory findings from acceptable medical sources.

THE PROCESS

Social Security offices throughout the country take the applications for disability benefits and determine non-medical eligibility (including whether the individual has earnings at a substantial level).

Substantial Gainful Activity (SGA) is work that involves a monthly income of at least $700 for disabled persons and $1,100 for the blind. An individual who is medically disabled can be denied benefits if his/her income exceeds these limits.

The individual completes forms listing the alleged disability, how it affects his/her ability to work, and treatment sources. For Missouri residents, the case file is then forwarded to one of the DDS offices in Jefferson City, Cape Girardeau, Kansas City, St. Louis or Springfield.

At DDS, the case is assigned to a counselor, who receives both program and medical training. The counselor requests medical evidence as well as vocational and daily activity information. Counselors may use in-house medical consultants (MCs) for case reviews and medical opinion. If a favorable decision can be made for the individual on the basis of the above information, no further development is required.

A consultative exam may be requested in cases where the individual has no physician, necessary information is unattainable, or a specialist exam is needed. This independent examiner does not make the decision about whether a claimant disabled.

The treating physician is always the preferred source of medical documentation. As long as the information provided is complete and consistent, the treating physician's statements are given controlling weight.

MEDICAL DOCUMENTATION

Treating physicians can assist their patients and make the disability process more efficient by carefully recording detailed findings in office notes. This documentation is important to prove or disprove the existence of a disability. A conclusionary statement that "the patient is permanently and totally disabled" is not helpful unless supported by medical findings.

For physical conditions, a

description of the patient's history, symptoms, clinical findings and diagnostic test results are generally needed. For example, if the patient complains of back pain, specifics such as range of motion in degrees, graded motor strength, sensory or reflex loss and gait should be noted, as well as the results of X-rays, scans, or other studies. Findings cannot be assumed based only on a diagnosis. The physician should describe the severity of pain and whether or not he/she believes the patient's symptoms are credible. This medical opinion should always be based on the history, clinical findings and symptoms rather than just a patient's belief about his/her limitations.

It is necessary to look at the individual's status from the perspective of whether or not it would be reasonable for such a person to work. Terms, such as "doing well" or "stable", imply to reviewers the individual may have minimal restrictions. If a patient has compensated congestive heart failure with a low ejection fraction or significant dyspnea on exertion, quantifiable information and symptom details are needed. Details such as presence of shortness of breath in the office, reported dizziness, or a need for regular naps more accurately describe severity.

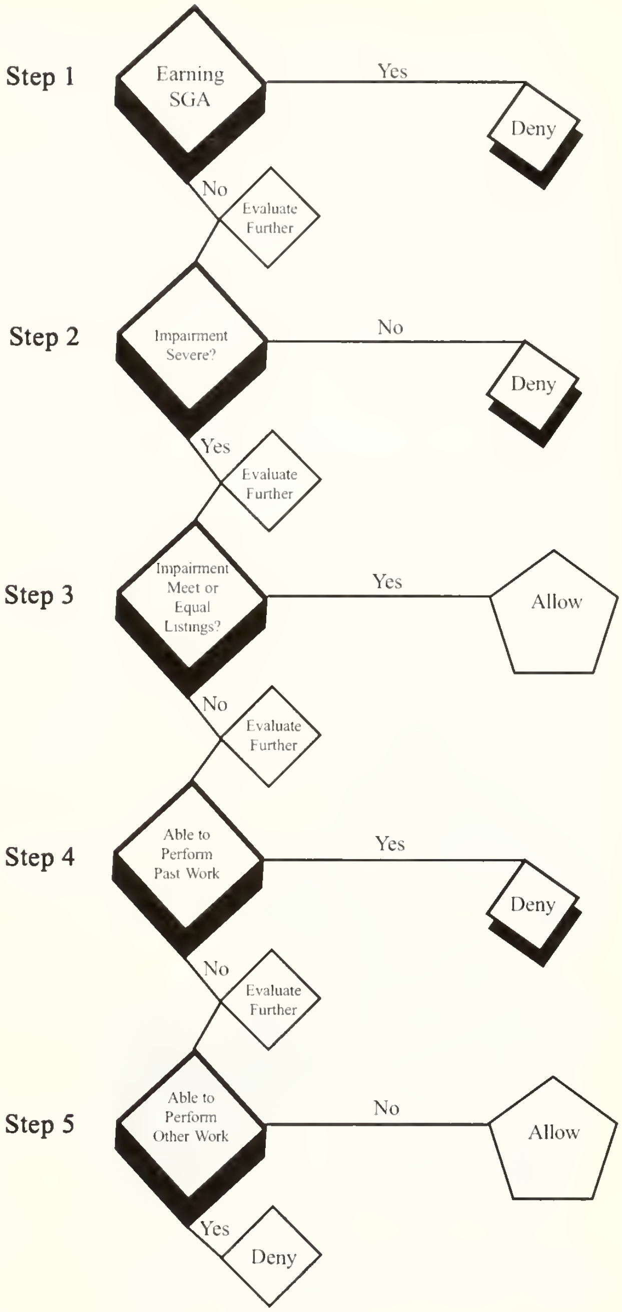
For psychiatric conditions, a detailed history, observations, mental status, treatment, compliance, response to treatment, diagnosis and prognosis are essential. Specific examples are very helpful: Does the patient have difficulty in crowds, small groups or even one-on-one? How frequently is this a problem? Assessment is needed of the person's ability to understand and remember instructions, sustain concentration, persist with tasks, adapt and interact socially.

A treating physician may be contacted for further clarification of records or findings. Physician contact with the DDS regarding a patient is always welcomed.

SEQUENTIAL EVALUATION

Social Security has a five-step process called Sequential Evaluation, which is used to determine eligibility for disability.

The steps are as follows:


Step 1
Earning SGA
Yes
Deny
No
Evaluate Further
Step 2
Impairment Severe?
No
Deny
Yes
Evaluate Further
Step 3
Impairment Meet or Equal Listings?
Yes
Allow
No
Evaluate Further
Step 4
Able to Perform Past Work
Yes
Deny
No
Evaluate Further
Step 5
Able to Perform Other Work
No
Allow
Yes
Deny

Functional information is very important at steps four and five of Sequential Evaluation. Physician input is routinely requested regarding functional capabilities despite impairment-related restrictions.

ADDITIONAL CONSIDERATIONS

- ☐ A case is occasionally held for up to three months to assess response to treatment. For example, "Medical Hold" can be used following a traumatic event or major surgical procedure.

☐ "Presumptive Disability Decision" can be made in Title XVI cases where an allowance is likely, but a final decision is not currently possible. These individuals will be entitled to three months of emergency benefits to sustain them financially in the interim.

☐ When a disability claim is approved, a date for review is established. This date can range anywhere from six months to seven years in the future. The length of time for a review is based on the likelihood of medical improvement. Continuing Disability Reviews (CDR) are generally performed on cases at the review date. Benefits may end when clear medical improvement can be demonstrated.

☐ There are several work incentives offered by Social Security. One such incentive is the 9-month Trial Work Period. A beneficiary can continue to receive benefits and attempt to return to work.

☐ If a fully favorable decision is not made, an individual has the right to appeal.

☐ Regardless of the decision, individuals may be referred to the Division of Vocational Rehabilitation (VR). VR can assist clients as needed so they can reenter the work force.

For more information about Social Security Disability or to find out more about performing consultative examinations for DDS, please contact a Medical/Professional Relations Specialist.

Sahar Dorris, *Cape Girardeau*
(573) 290-5710 or 1-800-392-0415
Sheila Dessieux, *Jefferson City*
(573) 751-2929 or 1-800-347-7180
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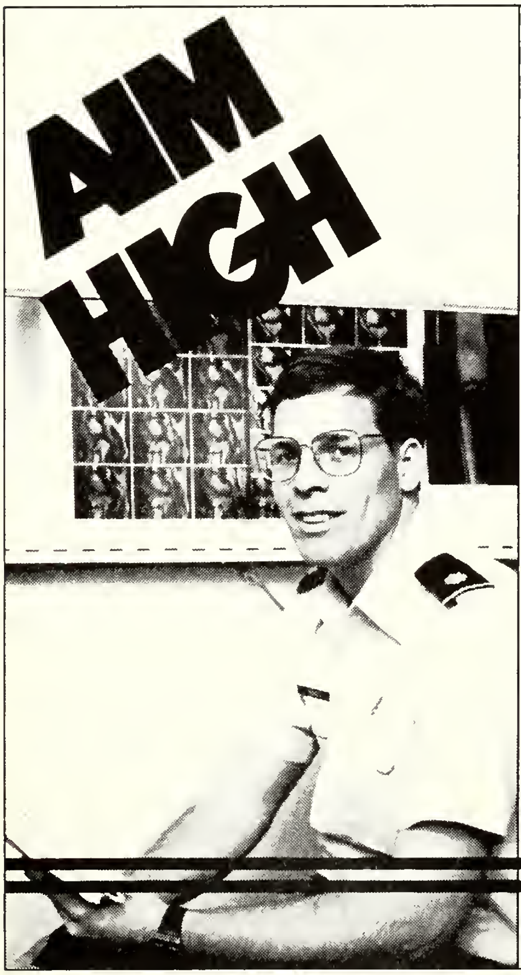

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AIR FORCE

Prevalence of Autism in Missouri: Changing Trends and the Effect of a Comprehensive State Autism Project

Richard E. Hillman, MD; Nadim Kanafani;
T. Nicole Takahashi; Judith H. Miles, MD, PhD

ABSTRACT

To assess change in autism prevalence in Missouri from 1988 until 1995, computerized client registries from the Regional Diagnostic Centers were analyzed. In the five to nine year age group, the prevalence rose thirty fold from 0.15 to 4.8 per 10,000. The study period coincides with the establishment of the Missouri Autism Project suggesting that provision of services will increase the apparent prevalence figures and that autistic disorders were previously underdiagnosed in Missouri.

INTRODUCTION

There has been a reported worldwide increase in the apparent prevalence of autism and related pervasive developmental disorders (PDD).[1] Such an increase, whether due to an actual increase in incidence of autism or better detection methods, places a greater burden on state and federally funded mental health programs geared toward providing autism services. In addition, for studies of the biological, clinical, and genetic heterogeneity of autism to be meaningful, an accurate definition of the increasing populations of autistic children is required.

As the criteria for the diagnosis of autism have become more explicit, particularly with the graduation from DSM-III to DSM-III R to the DSM-IV criteria published in 1994, investigators have sought to document the "true" prevalence of autism and to investigate trends in the prevalence over time. In 1966, Lotter first reported the prevalence of autism as 4.5 per 10,000 in the former county of Middlesex, England, using criteria established by Kanner.[2] Treffert, only four years later reported the prevalence of infantile autism in three to 12 year old children evaluated by the Wisconsin state psychiatric and mental retardation agencies between 1962 and 1967 to be 3.1 per 10,000.[3] Treffert's was the first study of the prevalence of autism within a geographically defined region in the United States that made use of computer printouts of state registries. Wing & Gould (1979) conducted a more comprehensive, multisource survey in Camberwell, England, using the same criteria as Lotter and found the age-specific prevalence of autism in five- to 14-year-olds to be 4.8 per 10,000. [4] These studies conducted prior to the development of the more uniform DSM-III autism diagnostic criteria in 1980 established the prevalence of autism at 3-5 per 10,000.

More recently, in a series of studies of autistic disorder and "autistic-like" conditions in Sweden, Gillberg et al. reported an increase from 4.0 per 10,000 in 1980 to 7.5 per 10,000 in both 1984 and 1988.[5] In the first multisource epidemiologic study of autism conducted in Nova Scotia, Bryson, et al. (1988) reported an overall prevalence of autism of "at least 10 per 10,000," stating that their finding is "twice that commonly found in previous epidemiological investigations."[6] Several studies conducted in Japan have reported prevalence figures for autism in excess of 10 per 10,000.[7-10] All but one of these studies used DSM-III criteria and were conducted within the context of the Japanese health care system, wherein all Japanese children receive four routine examinations assessing developmental, medical, psychological, and educational status.[9]

While these findings suggest an increasing prevalence of autism over the past 30 years, other studies have yielded variable and inconsistent results. Burd et al. (1987) conducted a prevalence study of autism and PDD in North Dakota and found that the prevalence of infantile autism in two to 18 year olds was only 1.16 per 10,000.[11] Based on an extensive, multisource survey of autism in Utah, Ritvo et al.

(1989) estimated the prevalence of autism (by DSM-III criteria) to be four per 10,000.[12] In 1989, two French studies using DSM-III criteria reported prevalence rates of 4.8 and 5.1 per 10,000 in the age groups six to 12 and five to nine, respectively.[13,14] A more recent study of the French population (1997) found a prevalence of 5.35 per 10,000 and concluded that the prevalence of autism was not increasing in France.[15]

The basis of the variation in the reported prevalence of autism is presumably complex and Wing has emphasized that there is likely no single reason why it would change in different areas over time.[16] The undocumented assumption in Missouri was that the number of individuals being diagnosed with autism was increasing. It was our goal to conduct a statewide epidemiologic survey of autism to document any change in the prevalence of autism between 1988 and 1995 and to assess the relationship to demographic characteristics and to the establishment of the Missouri Autism Project in 1990.

METHODS

Missouri is a highly suitable setting to study trends in the prevalence of autism due to its relatively stable population plus several recent improvements in the availability of autism services. Missouri has a well organized statewide system of mental health services, administered by the Missouri Department of Mental Health's Division of Mental Retardation and Developmental Disabilities (DMH, MRDD). Missouri's 115 counties have been divided into 11 service regions each with a Regional Diagnostic Center, which serve as the entry-and-exit point for all persons desiring state-funded services for autism. In addition, the privately funded Judevine Center for Autism in St. Louis has been providing treatment, training, educational, and support services for individuals with autism since 1971. In 1990, the Missouri Autism Project, a comprehensive statewide effort by MRDD to provide diagnostic and support services to previously underserved families in Missouri's rural communities was initiated. Using the Regional Diagnostic Centers as the organizational framework, the Missouri Autism Project contracted with the Judevine Centers and others to provide direct client services throughout the state.

Autism prevalence data were obtained from printouts of computerized registries from the Missouri DMH. All clients receiving a diagnosis of autism based on DSM criteria are eligible for state-funded services and are entered into the computerized registries of DMH, MRDD. A wide array of client demographics is available from these registry printouts including age, gender, race, and county of residence. The population of Missouri has remained relatively stable over the past ten years, so we were able to use 1990 census figures to calculate overall and group specific prevalence figures in monthly intervals between July 1988 and April 1995. We also used population estimates for each year to calculate year specific prevalence and the corrected prevalence values did not differ significantly from prevalence based on 1990 census data. Prevalence was reported as number of persons with autism per 10,000 source population. Age specific population data were available throughout this period. The prevalence rates were calculated for defined age groups, since previous reports have found that the five- to nine-year-old age group accounts for the largest number of individuals with an autism diagnosis. By this age most children with autism will have been identified either by their physician or school. And the children who recover over time usually have not yet reached the age when they no longer require autism services. The starting point of July 1988 was chosen because it represented the time that the registries of the 11 Regional Diagnostic Centers were networked into a computerized, coordinated statewide system.

RESULTS

Based on yearly population statistics, the apparent prevalence of autism for all ages in Missouri increased steadily from 0.084 cases per 10,000 in July 1988 to 1.412 cases per 10,000 in May 1995 (Figure 1). While the apparent prevalence increased for all age ranges, the greatest increase came in the five- to nine-year-old age group (Figure 2). In this group, the apparent prevalence increased 30 fold from 0.158 to 4.78 per 10,000. The 23 fold increase in the 10- to 15-year-old group was also striking and probably reflects the aging of the younger patients diagnosed through the study period. Interestingly, the prevalence of autism in the three to four age group increased only three-fold in this period, indicating that

Figure 1
Prevalence of autism in Missouri from July 1988 to May 1995

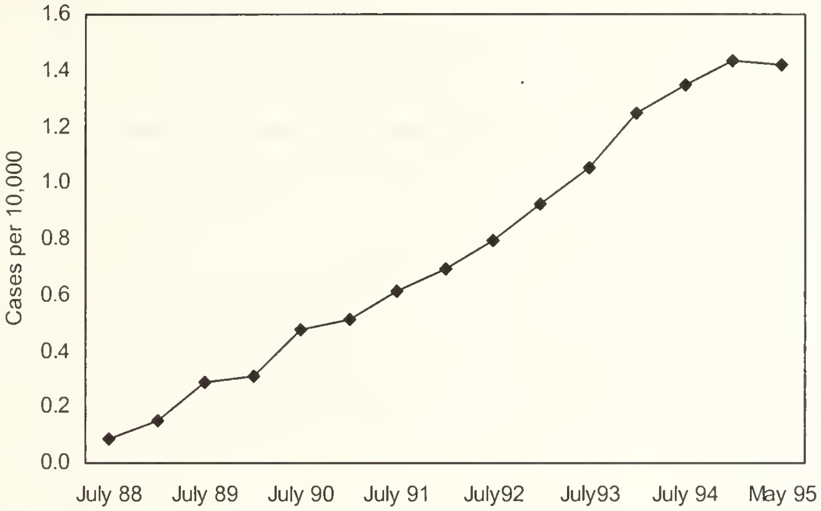
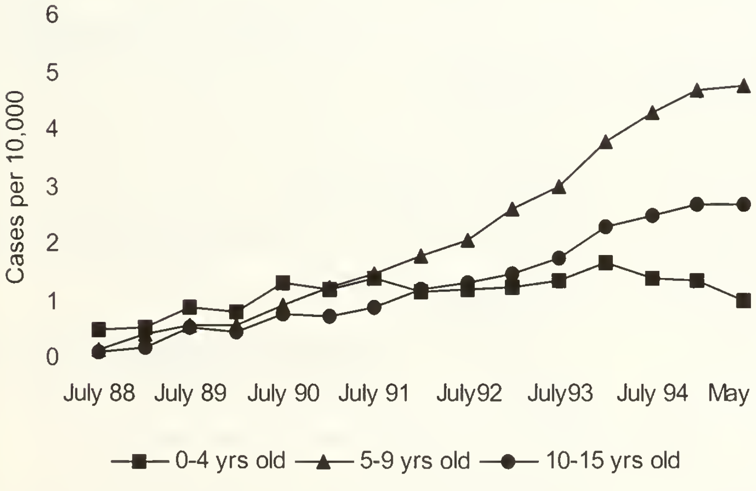


Figure 2
Age-specific prevalence of autism in Missouri from July 1988 to May 1995



the increases in the older age groups were not due to earlier diagnosis.

As expected, more males than females were diagnosed during the period of study. However, the male to female ratio was lower than the 3-4:1 ratio reported in other studies[12, 17] and changed over time. During the study period, the apparent autism prevalence increased almost 19 fold in males but only 13 fold in females. In 1988, the male to female ratio was 2.2:1 and at the end of the period the ratio was 3.2:1.

The apparent prevalence of autism was consistently higher in African-Americans than in Caucasians throughout the period studied and decreased only slightly with increased diagnosis. The ratio of African-Americans to Caucasians with autism was 1.9:1 in 1988 and 1.7:1 in 1995. The ratio of African-Americans to Caucasians with autism did not differ in rural areas vs. inner cities.

COMMENT

We have documented a consistent and dramatic increase in the apparent prevalence of autism in the state of Missouri over a seven year time period spanning from July 1988 to April 1995. The largest increase occurred in the five- to nine-year age group, reaching a peak of 4.8 per 10,000, a figure now in the range of previously published estimates. The five to nine year old age group is considered the age of peak autism prevalence when children are old enough to have been diagnosed but young enough to remain in the state registry. Wing (1993) recognized this phenomena and in a review of 16 previous studies, found that for the four- to 12-year age group, the autism prevalence figures were consistently higher than for the younger or older ages.[16]

It is assumed that the lower than expected male to female ratio reflects a bias of the data obtained from the state MRDD System. Originally founded in the 1950s as a system to provide diagnostic and treatment programs for the mentally retarded, there remains a bias in the medical community that the Regional Diagnostic Centers only provide service for mentally retarded children. Since it is known that autistic children with the lowest IQs have a lower male to female ratio,[18,19] we assume that autistic children registered through MRDD have been the more retarded children. During the eight years of data, the male to female ratio climbed to 3.2:1 which is indicative of the broader base of autistic children being registered following the establishment of the Missouri Autism Project. A recent French prevalence study (Fombonne et al., 1997) reported a low male to female ratio of 1.8:1 for the 174 autistic children registered in the French special education for three areas.[15] IQ data, available for more than half of those children, revealed that more than four-fifths had moderate to profound mental retardation, which is a higher proportion than would be expected from an unbiased autism population. This suggests that knowing the sex ratio of a population is one means of assessing the degree of bias toward the more mentally retarded of the autism spectrum. The higher prevalence for African-American compared with white children is also felt to reflect a bias of data obtained from the MRDD. Though the diagnostic and case management services of the Regional Diagnostic Centers are available regardless of income, the Centers employ a state mandated sliding payment scale for direct treatment services. This makes African-Americans, who make up a disproportianally higher percentage of Missouri's poor, more likely to utilize the MRDD programs. That trend also appeared to be less pronounced by 1995, and we assume that the specialized autism services, available through the Missouri Autism Project attracted a greater proportion of the whole autism population.

Although the apparent prevalence rate for Missouri as a whole was consistent with other studies, the rates varied among the 11 different Regional Diagnostic Centers. Each Center experienced an overall increase in the prevalence of autism between 1988 and 1995. The highest prevalence was reported in southwestern Missouri where the prevalence increased from 1.7 per 10,000 to 2.0 per 10,000 and the lowest was in south central Missouri where the increase was from 0.2 to 0.5 cases per 10,000. This variability was not related to population shifts or to either the rural versus urban or medically served versus underserved status of the areas. Gillberg et al. reported that between their 1984 and 1988 prevalence surveys, an Autism Diagnostic Center opened which may have "increased professional sensibility to autism."[5] We assume that in Missouri as well, the initiation of the Missouri Autism Project led to a new level of public awareness and acceptance of autism which resulted in an increased utilization of autism specific services. This is assumed to not have been uniform across the state.

In conclusion, the apparent prevalence of autism rose precipitously throughout Missouri between 1988 and 1995, a period which coincides with the establishment of the Missouri Autism Project by the Missouri Department of Mental Health. Other children's services including the First Steps Program and the Early Childhood Special Education Program for three to five year olds also undoubtedly added to the diagnosis of autism in children with developmental delays. These data suggest that with the implementation of programs designed to enhance supportive, diagnostic, and awareness programs for autism, the case finding rate can increase dramatically. Since this was a single data source study which utilized only the Missouri Department of Mental Health registry, we recognize that the apparent prevalence of autism reported here is a minimum estimate. The numbers are expected to rise as the Missouri Autism Project reaches more families and with the increase in the apparent prevalence will come further increases in the amount and cost of services provided for autism.

AUTHORS

The authors are affiliated with the University of Missouri-Columbia in the Department of Child Health.

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Members In The News

Dennis W. Choi, MD, *St. Louis*, has received a five-year $5.3 million program project grant from the National Institute of Neurological Disorders and Stroke to determine whether embryonic stem cells can restore lost function after they are transplanted into the injured spinal cord.

Dr. Choi has also been selected as chair of a blue-ribbon panel that will review the intramural research program at the National Institute of Neurological Disorders and Stroke. Choi is an internationally known neuroscientist and president of the Society for Neuroscience.

A. E. Daniel, MD, *Moberly*, recently assumed duties as Medical Director of the geriatric psychiatry department at Moberly Regional Medical Center. Dr. Daniel is a diplomat of the American Board of Psychiatry and Neurology, American Board of Forensic Psychiatry, and American Board of Forensic Examiners.

In addition to directing the inpatient psychiatric unit, Dr. Daniel will be establishing a targeted outpatient practice in Moberly dedicated to meeting the unique mental health needs of older adults.

John C. Hagan, III, MD, *North Kansas City*, was a winner of the 1999 Medical Economics Doctors Writing contest. Dr. Hagan's selection "Lawyers From Hell -- Sue Them" was chosen for outstanding achievement, one of five honorees from the 500 entrants. Dr. Hagan serves on the Editorial Board of *Missouri Medicine.*

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MSMA's Website

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18 - *St. Louis:* Pediatric Advanced Life Support Renewal Course. Call 314-577-5385.

19 & 20 - *Columbia:* 22nd Annual Conference, Common Childhood Problems: Pediatric Infectious Diseases. Call MU School of Medicine 573-882-0366.

JUNE

1 thru 4 - *St. Louis:* Update for Primary Care Physicians. 14 credit hours. Call St. Louis University CME 314-577-8167.

3 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

14 thru 17 - *St. Louis:* Summer Geriatric Institute. Call 314-577-8462.

15 thru 18 - *Osage Beach:* MAFP's Annual Scientific Assembly. 20 credit hours. Call 816-941-3939.

21 thru 23 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

22 thru 24 - *Kansas City:* Recent Advances in Medicine. 17 credit hours. Call Bob Kelly, Baptist Medical Center Foundation 816-276-7517.

23 thru 25 - *St. Louis:* Frontiers in Endourology: 2000. Call Washington University 314-362-6891.

AUGUST

2 thru 4 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

4 & 5 - *St. Louis:* Clinical Allergy for the Practicing Physician. Call Washington University 314-362-6891.

18 thru 20 - *St. Louis:* Cervical Spine Decompression and Stabilization. 18 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

25 & 26 - *Columbia:* Tenth Annual Conference: Caring for the Frail Elderly. Call MU School of Medicine 573-882-0366.

SEPTEMBER

8 thru 17 - *St. Louis:* Clinical Neuroanatomy, Neurology & Neurosurgery. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

15 - *St. Louis:* Early Lung Cancer: Path to Cure. Call Washington University 314-362-6891.

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26 - *St. Louis:* Extensor Tendor Injuries for the Hand. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

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5 & 6 - *St. Louis:* 25th Annual Symposium on Obstetrics and Gynecology. Call Washington University 314-362-6891.

6 & 7 - *St. Louis:* Third International Spinal Microsurgery Workshop. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

7 - *St. Louis:* New Techniques in Urinary Incontinence and Female Urology. Call Washington University 314-362-6891.

12 thru 15 - *St. Louis:* Biology & Pathology of the Extracellular Matrix. Call Washington University 314-362-6891.

16 thru 18 - *St. Louis:* Sellar & Parasellar Pituitary Tumors. 19 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

20 thru 22 - *TBA:* 23rd Annual Family Practice Update and 25-Year Reunion Department of Family & Community Medicine. Call MU School of Medicine 573-882-0366.

21 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

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17 - *St. Louis:* ASTRO Presentations (Radiation/Oncology). Call Washington University 314-362-6891.

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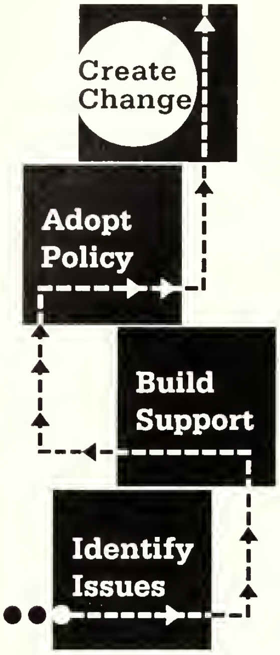

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The OMSS is a powerful voice, advocate, and resource for empowering hospital and other health care entity medical staffs. The OMSS meets twice year to:

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- **Build support** for these issues through educational programs, special issue forums, state and regional caucuses, reference committee hearings, the OMSS Assembly, and the AMA House of Delegates; and
- Persuade the AMA to **adopt policy** that will further the needs and concerns of medical staffs; so as to
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- medical staff bylaws and the changing environment
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- medical errors
- the impact of MCO insolvency on physician practice

For more information on how to register, call 800 262-3211 and ask for the Department of Organized Medical Staff Services or e-mail us at **omss@ama-assn.org**

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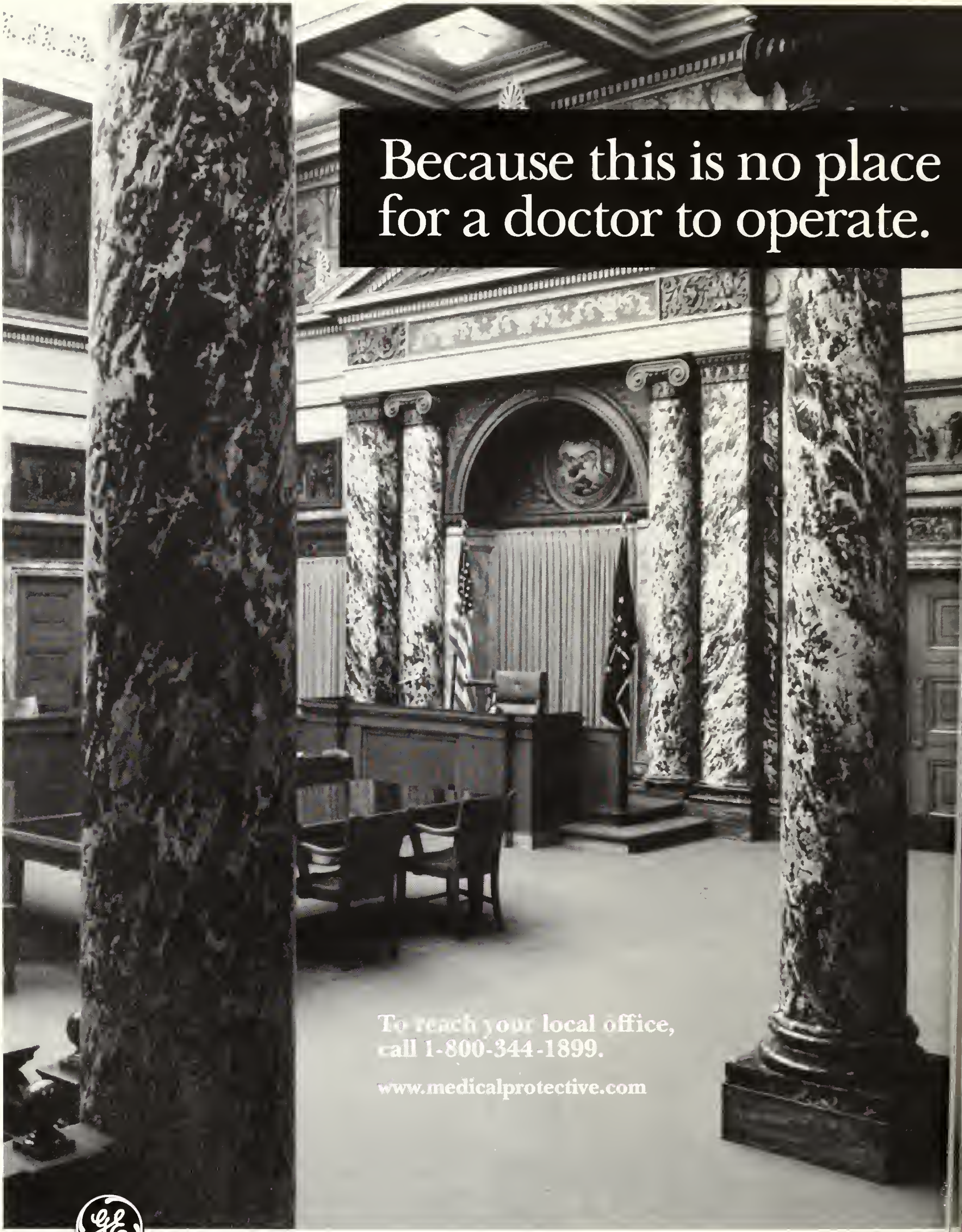

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On the Cover: "The Scout" - comes to us from C. E. Engelmann, MD, Kansas City. The statue, located in Penn Valley Park, Kansas City, Missouri, is a memorial to the local Indian tribes.

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Presidential Address by William Dorzab, MD

The following Presidential Address was given by William Dorzab, MD, during the First Session of the House of Delegates at the Westin Crown Center in Kansas City, Missouri.

For over 150 years, great physicians have helped bring Missourians to the state of health they enjoy today. At this Annual Meeting we mark the 150th Anniversary of the Missouri State Medical Association.

As President, I thank each and every one of you for taking the time out of your busy schedules to further the prospects of the medical profession and the patients it serves in Missouri.

Strictly speaking, this is not the 150th session of the Missouri State Medical Association, because some meetings were not held due to the civil war and during World War II. Nevertheless, the fact remains that this year MSMA is 150 years old.

One hundred fifty years sounds like a long time. In terms of the history of medicine, however, it is merely a brief interval. It has been long enough, though, for the Missouri State Medical Association to step back and take an accounting of its successes and failures as the protector of medical ethics and principles.

Director of Communications, Liz Starnes has completed a detailed historical research project in preparation for this special occasion, and on Saturday night, you will be able to pick up the *Sesquicentennial History of the MSMA*. It documents 150 years of MSMA's challenges, victories, member achievements and scientific advances. The *Sesquicentennial History of the MSMA* will only be passed out at the MSMA/Alliance Reception, after we inaugurate Dr. Gordon Goldman on Saturday night. So be sure to attend.

Throughout our history, one thing remains constant: MSMA fights for its patients. Since MSMA's inception in 1850 and even before, Missouri's doctors have fought typhus, malaria, smallpox and the numerous diseases with which we are more familiar today.

Allow me to share some of the more interesting elements of Missouri's rich medical history:

Before 1800, there were no doctors in what was known as the Louisiana Purchase. Pioneer healers learned many of their medicinal treatments from the Osage and Cherokee Indians.

By the early 19th Century, Dr. John Sappington settled in the Arrow Rock area and began dispensing quinine, his "anti-fever medicine." He is credited with publishing the first medical book west of the Mississippi, *The Theory and Treatment of Fevers.*

Many physicians scoffed at Dr. Sappington's cures. In fact, the St. Louis Medical Society denied him membership. But he was a successful physician, and he invited a Dr. George Penn to join his practice in 1832. Dr. Penn went on to play an important role in the formation of the Missouri Medical Society in 1853, though he declined to serve as its President, perhaps in deference to Dr. Sappington.

Antoine Francois Saugrain, who came to Missouri to practice in St. Louis, was a physician and a noted scientist. He provided medicine for the Lewis and Clark Expedition, and is also remembered for scraping the mercury off the back of his wife's best, French mirror to make thermometers for the explorers.

A Dr. Bernard Farrar, known as the father of the medical profession in St. Louis, earned that designation by completing the first successful amputation.

Eighteen thirty-two was a big year for medicine in St. Louis. The City Hospital of St. Louis opened that year and the University of Missouri and the McDowell Medical College formed the Missouri Medical College. Joseph Nash McDowell of the McDowell Medical College was one of the first to use human cadavers in research.

William Beaumont, whose experiments in the early 1800s helped define the process of digestion, was a Missouri physician for many years. He also served as Vice President of the St. Louis Medical Society in 1838.

By 1840, eighteen physicians were practicing in the Jefferson City area, and increasing numbers of physicians opened practices across the state. By the way, the first physician in Kansas City was a Dr. Benoist Troost.

In 1850, a group of Missouri physicians attended an American Medical Association convention in Cincinnati and heard that there were physicians in other states planning to form medical associations.

When one of those doctors, William M. McPheeters of St. Louis, got back from Cincinnati, he presented a resolution to the Medical Society of Missouri in St. Louis. Dr. McPheeters read, "The time has arrived when it is both expedient and desirable to unite the medical profession of the State of Missouri for mutual improvement and protection."

Delegates to the 1st Annual Convention of the Missouri State Medical Society met on November 4, 1850 at the First Presbyterian Church. Annual dues were fixed at $2.00. One of the Society's first priorities was medical education.

The Medical Society addressed some of the issues of medical education by creating a board of medical examiners and it endorsed only four of the ten existing medical schools in Missouri as "representative of legitimate medicine in the state," and a resolution to define a medical school in order to keep standards high was passed.

Then came the Civil War. Injuries from this five-year war pushed contemporary medicine to its limits. Doctors treated everything from gunshot wounds and blunt trauma to malaria and dysentery. Rapid amputation of limbs became a finely-honed skill. Medical diseases caused five times as many deaths as battle wounds and Civil War soldiers feared those diseases more than war, itself.

By 1867, the Missouri State Medical Society wrote a Constitution and Bylaws, and by 1869, there were 147 members.

The Medical Society turned its attention once again to medical education, as no fewer than 44 medical schools had been established in Missouri. By 1876 attrition had reduced the number and there were only 62 regular medical, 11 homeopathic and four eclectic schools in the entire United States.

In 1874, Dr. Andrew Still, after years of study, abandoned the use of drugs in his practice and became an osteopath. He settled in Macon County, and in 1884 the state granted a charter for the American School of Osteopathy.

An interesting note: As early as 1876, the Missouri State Medical Society was teaching physicians who attended its Annual Sessions the latest in scientific advances - that year, physicians heard the details of the autopsy on Governor Trustin Polk.

By 1883, legislation passed for a Board of Health.

In 1884, a Missouri State Medical Society President Dr. E. H. Gregory went on to become President of the American Medical Association. He had studied under the Society's first President Dr. F. W. C. Thomas of Booneville.

In 1895, there was a balance of $5.85 in the treasury.

By 1901, the Missouri State Legislature passed its first medical practice act.

At the 1904 Annual Session in St. Louis, the Association changed its name to the Missouri State Medical Association, and dues were still $2 per year.

A Council of 16 was created and an improvised House of Delegates, representing 33 county and district societies, was formed. The House of Delegates established the Journal of the Missouri State Medical Association, and, between meetings, members were able to spend their free time at the St. Louis World's Fair.

In 1911, resolutions advocating the compulsory vaccination of school children were adopted.

It was also during this timeframe that a resolution against medical fee-splitting and in favor of Workmen's Compensation legislation were approved.

The 1919 Annual Meeting at Excelsior Springs was special, in that there was a victory session to celebrate the end of the "War to end all Wars."

In 1923 a resolution protested the manner in which the National Prohibition Act and the Harrison Narcotic Act had been "reenforced" without "consulting physicians or submitting the draft of the regulations to physicians."

The next year, a Women's Auxiliary was endorsed. This year, the MSMA Alliance is celebrating its 75th Anniversary.

In the next decade, two Washington University physicians, Dr. Warren Cole and Dr. Evarts Graham discovered a test for the diagnosis of gallbladder disease. And in 1933 Dr. Graham was the first physician in the United States to successfully remove a patient's lung.

By 1937, there were osteopathic schools here in Kansas City. In 1938 the Ellis Fischel State Cancer Hospital was established, the first of its kind west of the Mississippi.

In 1944 the Nobel Committee awarded Dr. Joseph Erlanger and Dr. Herbert Grasser of Washington University the Nobel Prize in Medicine.

During World War II, MSMA met, but only discussed House business, and the first doctor to die in World War II was Andrew Panettierre of St. Joseph.

In the 1950s, a four-year medical school was established at the University of Missouri, and public enrollment into voluntary health insurance plans was encouraged.

In 1952 MSMA's membership was 3,607.

In 1956, Dr. C. Rollins Hanson of St. Louis University did the first open-heart operation in Missouri. Two years later, Dr. Bill Newton performed the first kidney transplant in Missouri.

In 1960, the Missouri Student Loan Fund was established and the MSMA Council placed $50,000 into the program to get it started.

The 1960s were also a major turning point for women in medicine. In 1960 only 10% of medical school entrants in Missouri were women. Twenty-five years later, it was 20% and today about one-half of enrollees are women. After more than 100 years the sudden growth of women in medicine has been very impressive.

In 1966 Medicare started operations and MSMA decided that individual members were free to elect whether or not to participate. MSMA also insisted that the law be subject to change in order that good medical practice and patients' interests would be maintained.

In 1967 MSMA moved its Executive Offices from St. Louis to Jefferson City.

In 1968, the University of Missouri Kansas City Medical School was established as a six-year school, the dream of Dr. E. Grey Dimond.

By the end of the 1960s, MSMA was pushing the adoption of a State Medical Examiner Bill, studying bioterrorism, and reviewing malpractice insurance and legislation.

MSMA saw a need in the early 1970s to become more active in legislative activities and formed the "Key Man Program," a precursor to the "Key Contact Program," where more than 600 physicians participate today.

MSMA formed its statewide peer review program and began explaining to the Missouri health consumer the difference between HMO-capitation medicine and fee-for-service medicine.

In 1973, MSMA moved to its current residence at 113 Madison Street, and two years later, MSMA formed the Missouri State Medical Insurance Company. MOMEDICO became MSMA's own malpractice insurance company for many years.

A resolution was passed in 1977 to form an Ad Hoc Committee on Impaired Physicians. The next year, MSMA formed its Missouri Physicians Health Program to help physicians get the care they need in order to get back into practice.

In 1980, Dr. Thomas Helling performed the first liver transplant in Missouri at St. Luke's Hospital in Kansas City.

That same year, MSMA passed a resolution supporting the concept that necessary medical care should be available regardless of a patient's ability to pay.

Priorities for the 1980s included ensuring care for patients, education of the public and physicians on HMOs and IPAs, and creating a MSMA Hospital Medical Staff Section.

In 1985 the Missouri Patient Care Review Foundation, a physician-run organization, was granted the contract to be the PRO for the state.

In 1986, a tort reform bill was passed into law. The House of Delegates heard several resolutions on malpractice, tort reform, expert witnesses and negligence. It was this year, that MSMA voted to raise dues to $300 per year, still among the lowest in the nation.

By 1987, MSMA had developed model hospital medical staff bylaws and a program to intervene on a physician's behalf in disputes with third-party payers.

MSMA ushered in the last decade of the millennium by electing its first woman President, Dorothy Reister.

Since then, MSMA has been deeply and intensively involved in diverse issues of concern to physicians and their patients:

- Managed care, physician autonomy and public health challenges, including AIDS.
- MSMA's Patient Fairness Act, precursor to the Managed Care Reform Bill which passed on May 14, 1997.
- Legislation on Drive-Thru Deliveries, Medicaid fee increases to physicians - the first in 20 years.
- Y2K problems and Internet Continuing Education.
- Increased communication between MSMA and more than 15 regulatory agencies and other associations.
- The Missouri Physicians Health Program taking care of the doctors who need help and the new DeNovo Program, helping the medical family.

What a glorious history! Over 150 years of progress for the health of Missouri. And here we are in the Year 2000, poised to take medicine into the future. Whose names will be on that history list in the year 2050? Whose medical contributions will be listed in the successes of the MSMA?

But I also want to remind you that physicians did not accomplish all these achievements on their own.

The Association has an effective and knowledgeable staff, and there's some history in that, too. Executive Vice President Cork Swarens has been with the MSMA for 28 years, first as Director of Public Affairs, and then as Lobbyist. Cork took over the reins of the Association five short years ago, from Royal Cooper...who had been hired as Field Secretary in 1969. Royal became Executive Secretary in 1977, when Raymond McIntyre resigned. Mr. McIntyre had taken over upon Tom O'Brien's retirement in 1965.

Under Cork's guidance, the Association has taken giant strides in long-range planning, electronic communication, managed care reform, and membership incentives.

Director of Government Relations, Tom Holloway, along with continued contributions from Mr. Swarens, is most effective at the Capitol. Tom is more than halfway through his 13th Session. Most medically related legislation occurs at the state level. Every year there are hundreds of bills that have some relationship to medicine in Missouri. Messrs. Holloway and Swarens have literally worn a track in the sidewalk between the Capitol Building and Association Headquarters, keeping a close eye on the progress of the bills, introducing amendments and lobbying for medicine's interests.

Director of Health Care Finance, Pat Mills, a Certified Public Accountant, has used his advanced skills and long experience for the last eight years at MSMA to keep track of the voluminous statistical information and confounding governmental regulations he gleans from myriad sources. We are all well aware that "the devil is in the details." I know of no one better equipped than Pat to keep track of the details and to discover early indications of problems for medicine in them.

Director of Communications, Liz Starnes, is approaching seven years behind MSMA's public relations campaigns. While her office has many other responsibilities, public relations has grown as an MSMA focus. Most of you have seen highway billboards and heard radio spots during the past year, urging citizens to "Know Your Health Care Rights." This very successful campaign takes full advantage of recent legislative successes and stimulates patients to look to their physicians as the best source of information on all health care issues.

MSMA would not be anywhere without its membership - and just this last year, MSMA hired Membership Director Johanna Echols who oversees membership. Benita Stennis was in charge of membership earlier in the year, but she is now responsible for tracking CME and meeting planning. I have traveled the state with both and can testify to the enthusiasm and effectiveness with which they represent the Association to the members and prospective members throughout the state.

Our medical journal, *Missouri Medicine*, and our website, at msma.org, are kept at their high levels of performance through the skills of Becky Jungermann. Becky has been with the Association for 17 years and, at one time or another, has overseen many areas in the Association's office ranging from meeting planning to continuing medical education.

Membership tracking, database management, and membership billing - all important responsibilities in a member-driven association, are handled by MSMA veteran Barbara Crader who just passed her 24th year with the Association. Any component society staff member will tell you, Barbara knows her billing techniques and can crank out any demographic information the media needs.

Between various foundations, incorporations, investments, and daily finances, your MSMA Finance Manager of nine years, Brenda Kinney, keeps MSMA's financial condition well-balanced and well-tuned.

After thirty years of service, Office Manager Linda Bremer knows the answer to just about any question any physician might have. Linda also tracks activities with MMPAC, the American Medical Association and the Missouri Chapter of Emergency Physicians.

Mary Weigers, who has attended the front office as receptionist for 15 years, directs questions and helps out in many activities of the Association.

There is a total of 152 years of collective staff experience at 113 Madison Street. More years than MSMA is old.

While the staff of any successful organization is indispensable, and MSMA is no exception, our association could not exist without the physicians of Missouri. All physicians are members of a long, unique and exemplary lineage. Only those men and women who have satisfactorily completed the training and experience of a fully-licensed physician can claim comprehensive understanding of the ethics, principles, art and science of our profession.

The greatest treasure I take from this last year as your President is the memory of my travels throughout Missouri. Those excursions gave me a more thorough appreciation of its beauty and the qualities of its many communities, large and small. More important than all of that, however, was the opportunity to meet and observe firsthand my brothers and sisters, colleagues in this greatest of all professions. They... you... are the combatants in our sacred war to protect the well-being of our patients.

Your Missouri State Medical Association is prepared and has demonstrated itself to be able to play a pivotal role in the battles of that war.

I encourage you, now, to proceed with the business of this House of Delegates. Consider the resolutions and other business, that may come before you. Carefully take your decisions and fully enjoy the fact that you are today's participants in this long and proud tradition. MoMed

Special thanks to all Missouri State Medical Association Conference attendees who visited the Forrest T. Jones & Company booth!

It was a pleasure seeing all of our friends, plus meeting so many new ones!

Congratulations to MSMA on their 150th year

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Gordon Goldman, MD, Installed as the 2000-2001 MSMA President

The following is the Presidential Inaugural Address given by Dr. Goldman, April 8, 2000 at the Westin Crown Center, Kansas City, Missouri.

Franklin D. Roosevelt had a unique format when addressing an audience:

Be sincere, Be brief, Be seated!! I shall try to follow those rules, but I must start out this evening with a story.

Charles Plumb, was a jet pilot in Vietnam. After 75 combat missions, his plane was destroyed by a surface-to-air missile. Plumb ejected and parachuted into enemy lands.

He was captured and spent six years in a communist Vietnamese prison. He survived the ordeal and now lectures on lessons learned from that experience.

One day, when Plumb and his wife were sitting in a restaurant, a man at another table came up and said, "You're Plumb! You flew jet fighters in Vietnam from the aircraft carrier, Kitty Hawk. You were shot down!" Plumb asked, "How in the world did you know that?" The man replied, "I packed your parachute."

Plumb gasped in surprise and gratitude. The man shook Plumb's hand and said, "I guess it worked!"

Plumb assured him, "It sure did. If your chute hadn't worked, I wouldn't be here today."

Plumb couldn't sleep that night, thinking about that man.

Plumb says, "I kept wondering what he might have looked like in a Navy uniform: A white hat, a bib in the back, and bell-bottom trousers.

I wonder how many times I might have seen him and not even said good morning, how are you or anything because, you see, I was a fighter pilot, and he was just a sailor."

Plumb thought of the many hours the sailor had spent on a long wooden table in the bowels of the ship, carefully weaving the shrouds and folding the silks of each chute, holding in his hands each time the fate of someone he didn't know.

Now, Plumb asks his audience, "Who's packing your parachute?"

You see, everyone has someone who provides what they need to make it through the day.

Plumb also points out that he needed many kinds of parachutes when his plane was shot down over enemy territory - he needed his physical parachute, his mental parachute, his emotional parachute, and his spiritual parachute. He called on all these supports before reaching safety.

So, before I say anything further, I would like to acknowledge those who have packed my chutes over the years.

My partner for 26 years, Dr. Gerald Newport and his wife, Dolly.

My partner of the past six years, Dr. Mary Grimm and her husband, Mike.

They have accepted the burden of additional call and patient load when I could not be available.

My office staff is represented tonight by Stacey Loomis and her husband, David and Shannon Calcaterra and her husband, Bobby. They represent an office staff that has gone far beyond their job descriptions to accommodate my MSMA activities.

I would also like to thank the entire MSMA Third District (the St. Louis Metropolitan Medical Society) for their confidence and support and especially, ...

Executive Vice President, Gordon R. Garrett, here with his wife, Peggy, for his untiring guidance and support.

I wish to thank the staff and Council of MSMA for their confidence and their belief that the things for which I stand, are right.

This organization would cease to function without the outstanding efforts of each and every one of them.

My family has unselfishly given up much of the time I would have otherwise spent with them.

My Dad, Harry Goldman and his wife, Betty. Dad is going to be 92 years young in June ... and still works about 20 hours a week.

He not only taught me the value and rewards of the work ethic, but he instilled in me the spirit to stand up and fight for what I thought was right, no matter what the odds.

His words are indelibly etched into my memory. He told me as a young boy, "no one can chase you, unless you are running away."

My sister, Roz Solomon, from Boca Raton, Florida, is here tonight.

My son, Mark, works for Rotary International in their Canada & North American media relations unit, with his guest, Liz Lewis...and my daughter Melissa, will graduate from St. Louis University next month, majoring in Criminal Justice and Psychology. Melissa will be entering the Masters program at Southern Illinois University in Public Administration.

My wife has a plaque in our home which summarizes her attitude. It reads, "A real friend is one who overlooks your broken down gate and admires the flowers in your window."

Aristotle once defined a friend as "a single soul dwelling in two bodies."

I wish to thank my staunchest supporter, my most severe, but most constructive critic, ... the one who has "packed my chute" every day for the past 37 years, ... my confidant and best friend; ... my soul mate ... my wife, Roberta.

The Courage To Succeed

"The sea is dangerous and its storms terrible, but these obstacles have never been sufficient reason to remain ashore ...

Unlike the mediocre, ... intrepid spirits seek victory over those things that seem impossible... It is with an iron will, that they embark upon the most daring of all endeavors ... to meet the shadowy future without fear and conquer the unknown."

Those words were written by the explorer, Ferdinand Magellan, nearly 500 years ago. And they ring as true today as they were then.

Indeed, there may be those mediocre and timid spirits in our profession, who view this new millennium as a daunting and "shadowy future." I am confident however, the people in this room represent some of the best in our profession.

You are today's counterpart of the undaunted, intrepid and iron-willed spirits to whom Magellan referred.

It is ***you***, who will shine the light of day upon our future.

Our profession ***is*** on a voyage of sorts. And the sea upon which we sail is ***not*** calm or well charted.

But unlike Magellan, who sailed westward into a setting sun in search of his goal of the Spice Islands, I believe we are sailing eastward, into the dawn of a new and glorious era, a renaissance if you will, for the practice of medicine.

As Oliver Wendell Holmes put it, " The greatest thing in the world is not so much where we stand, as in what direction we are moving."

I am certain the turmoil confronting our profession will not deter us from our mission, but rather show the metal from which each of us has been forged, tempered by experience, justice and compassion.

There are those of us who believe this new millennium will present the greatest challenges our profession has ever had to endure.

I believe this new millennium ... will present our profession with the greatest opportunities ever afforded it.

Broadcaster Paul Harvey when queried about his success said, " I get up when I fall down." It is so simple!!! All we need do to assure our success, is to "get up" just one more time than we fall down!!

It is my belief, we shall not be deterred by or succumb to the multitudinous attacks upon our sworn and solemn duty to our fellow men and women, as well as society as a whole.

I believe we shall not fear the "shadowy future" Magellan spoke of. I believe we shall instead, stand upright and collectively chart a new course, secure in the knowledge that what we do is right and is as fine a calling as there is, just as MSMA has for the past 150 years.

And while it may be my watch at the helm on this great voyage, it is MSMA, it's Council, membership and staff, and each component society, that will provide the wind to fill the sails and determine the direction of our voyage.

We cannot go back and change the things which have caused the treacherous landscape of our profession today, ... but we can begin today to change that landscape so that it will not so treacherous for tomorrow.

We cannot go back and make a new start, ... but we can begin today, charting a new course ... for a better tomorrow.

Ask not "Is it possible to make this happen; but ask instead, "what shall we do to make this happen."

This day, this week, this month and this year ... carpe diem!!

We can, each of us, as we set forth on our exploration of this new millennium, make positive change for the future.

And we are all aware of those who plea, "What can I do? I am only one small voice!!" Tell them this story.

Very early one morning, a man was walking a deserted beach and saw in the distance the figure of a young boy picking something up and throwing it into the ocean.

As he drew closer to the boy, he saw him throwing back starfish that had washed up during high tide and were now stranded on the beach.

He tried to explain to the lad that there were thousands of these strewn across several miles of beach and that the few he could throw back would not make any significant difference.

The boy politely bent over, picked up another starfish and threw it into the ocean.

Looking back at the man, smilingly, the boy said, "I made a difference for that one. ***And we can move mountains, one grain of sand at a time.***"

Albert Einstein had a sign that hung in his Princeton office. It read, "Not everything that counts can be counted, and not everything that can be counted, counts."

It is my perception this aphorism is applicable to the status of our profession today.

Not everything that counts, can be counted ... The single most important thing in our profession that really "counts," is our service and dedication to the physical and emotional welfare of our patients. There is simply no way to measure that; not in time, not by CPT or ICD-9 codes and most certainly, not in terms of dollars and cents.

But the attempts by the business and governmental communities to quantify the value of medical practice knows no other means and so must relegate the task to the "bean counters," for they understand nothing else.

They have not the slightest idea of the complexities and variations that quality medical care entails.

People are not widgets on an assembly line. If a defective widget is found, it can be removed and discarded.

Not everything that can be counted, counts. While counting works well in most businesses which deal with tangible widgets, our profession is largely composed of intangible benefit.

How does one quantify the interaction of the patient-physician relationship?

How does one quantify the assurance of safe passage for the fetus from the womb and into this world of ours, or the prevention of a fatal childhood disease? ... the correction of a disability? ... the easing of physical or mental suffering ? ... or making as easy as possible the passage of a loved one ... out of this world of ours?

Although the bean counters would have us remove and discard the defective items like widgets on an assembly line, that is not what the practice of medicine is about. And so, the bean counters attempt to dissect our profession into component parts for the purpose of counting or quantifying, and this is simply an impossible task.

It is like trying to perform surgery without mastering anatomy first.

They can only invent artificial and frequently inappropriate standards in attempt to measure such intangible ideas.

Rather, it is this notion that our profession can be reduced into quantifiable components that must be discarded.

A Few Words for Those Who Will Be Our Future

On the back page of your program you will find a message I found in the June,1965 edition of *The New Physician.*

I urge all of us, but particularly the students, residents and young physicians here tonight, to read this.

It has been a source of spiritual renewal for me over the past 25 years, reading and rereading it during times of professional turmoil.

Never forget ***why*** we do what we do.

Keep your course steady and do not lose sight of your goal. It is achievable if you will it to be.

Do not listen to the naysayers who tell you the "golden age of medicine has passed."

Listen instead to those of us who tell you we wish we had another 10 years to practice, ... for we believe "the best is yet to come!!"

I believe if the "golden age" of medicine has passed, you are poised upon the threshold of the "platinum age."

Aim high!! ....Shoot for the moon! ... for I believe it ***is*** true, ..."even if you miss, you will land among the stars!!!"

For the point in your careers where you stand today, you are better educated, better trained and have access to better technology, than at any other time in the history of medicine.

And while Magellan had only rudimentary maps, the stars and a compass to guide him, you have the new technology of inner and outer space, as well as cyberspace to guide you along your journey.

Armed with these tools, there is nothing ... absolutely nothing ... that can stop your success.

I am a believer.

I believe in the sanctity and dignity of life.

I believe that there is as much to be valued about the quality of life as there is for the quantity of life.

I believe that my colleagues hold the same values as I do with regard to our mission to preserve, promote and protect the health of our fellow men and women.

There are some here tonight who will remember a severe handicap I endured between 1990 and 1996.

For unknown cause, I was stricken with a right laryngeal nerve paralysis.

I was unable to control the escape of air past my vocal cords.

I could not speak more than two or three words, before having to take another breath.

I would come home at night after a day of talking with patients in the office, dead tired ... simply from respiratory effort of trying to converse with patients.

But, I am a believer!!

I believed somehow, someway, I would find resolution to this seemingly impossible dilemma.

Thanks to advances in medical technology, the comfort, encouragement and support of my friends, family and colleagues, I am today able to address you.

And I tell you again, ...***"if only one grain of sand at a time, you can move mountains."***

And, ... I reaffirm to you here tonight, that your local society, your MSMA and AMA stand poised at the brink ... with all the necessary machinery ... and a wealth of information and experience for you to draw upon, ... ready, willing and **able** to remove any obstacles to the success of your future.

I believe that physicians have not had the confidence and trust of our society ***frivolously*** bestowed upon them.

Rather, ***I believe*** we have ***earned*** ... that awesome privilege.

And to that end, we must expose and eradicate anything which threatens that sacred patient-physician relationship, whether it comes from the insurance industry or governmental meddling.

But look how times have changed. Because of the governmental meddling in the promotion of health care plans based solely upon financial considerations, physicians who have always found governmental regulation repugnant, now petition government for regulation to control the managed care morass they have created.

But I am a believer!!!

I believe our patients remain our greatest ally. Missouri's Managed Care Reform Bill of 1997 was physician and patient driven.

The Federal Managed Care Reform Bill now in House/Senate Conference Committee, likewise was physician and patient driven.

The recent decision of United Health Care to do away with precertification, while admittedly imperfect, is another example of how patients and physicians working together can effect meaningful change.

Unfortunately, some of our patients may suffer severe disability or even preventable death, before the profit driven behemoth of managed care can be brought under control.

"Is it good medicine?"... to adhere to a managed care ethic of adequate medical care instead of our duty to provide optimal medical care?

In June of 1999, a little less than one year ago, Dr. Greg Ganske, a Republican Congressman from Iowa, spoke to the House about personal and collective responsibility for our actions.

He related the story of a 6-month-old infant who had passed by three emergency facilities that could have attended to the infant's medical problems before the parents ever reached the emergency facility to which the HMO had directed them.

"Is it good medicine?"... to drive past facilities capable of treatment, and risk further damage for the sake of a few dollars?

This is not an anecdote or isolated incident. In the tape played at the A99 AMA meeting, our own Dr. Steve Buie of Kansas City, relates a similar incident. His patient, however, was not as fortunate, and died en route. "Is it good medicine?"... to throw the fear of inordinate costs into the mix when people are in dire need of urgent medical care?

We cannot allow such patterns of criminal behavior to continue or go unpunished.

We do have a responsibility, certainly moral if not legal, to put a stop to this.

If we knew of a proposed criminal act with the potential for loss of life or limb to someone... and we did not act to stop it, are we not an accomplice?

During my military service in Vietnam, we had a popular adage; "You are either part of the solution or you are part of the problem." There can be no middle ground. You cannot depend on someone else to do things for you.

It was former President Dwight David Eisenhower who said, " I have one yardstick by which I test every major problem ... and that yardstick is: is it good for America?"

Today, the AMA's Dr. Anderson poses the similar question with reference to our profession.

We must ultimately consider, when ***all else*** is said and done, ... when the actuaries, economists, lawyers and administrators have all had their input ...

At the end of the day, we must ultimately consider the one question which is at the root of all decisions, ... ***and that question is, "Is it good Medicine?"***

Before I am seated, I make this covenant, ... a promise to you.

During my watch at the helm, I will continue to throw starfish back into the sea, ... one by one.

I will continue to get up when I fall down.

I will continue, as MSMA has for the past 150 years, to do whatever is necessary for the preservation of "good medicine" and optimal care for our patients.

But, a covenant is two-sided.

The captain of the finest sailing ship imaginable, goes nowhere if stranded in the doldrums.

And so, we can accomplish nothing without the enthusiastic, active support of each of our colleagues. What will you do?

Will you seek out those who don't understand the importance of membership and active participation in organized medicine?

Will you seek them out ... and see to it that they do understand? ... That they do join? ....

Will you encourage them to participate in state and local committee activities?

Will YOU participate in the Key Contact Program?

Will YOU distribute Health Care Rights Brochures in your office?

Will YOU encourage your spouse to join and become active in the MSMA Alliance?

Perhaps then, we can rest assured our ship will stay its course and will arrive in safe harbor, irrespective of the storms we may endure. **MoMed**

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Minutes of the House of Delegates

Introduction

The 142nd annual meeting of the Missouri State Medical Association was held at the Westin Crown Center in Kansas City, Missouri, April 6-9, 2000, with John Rollo, MD, presiding as Speaker of the House of Delegates. Carl Strauss, MD, Committee on Credentials, announced there were 10 Officers, 19 Councilors, and 68 Delegates in attendance for the opening session of the House. This report and the minutes of the 141st Annual Convention as published in the June 1999 issue of *Missouri Medicine* were approved. At the second session of the House of Delegates, Dr. Strauss reported 10 Officers, 19 Councilors, and 136 Delegates were in attendance. During the third session of the House, Dr. Strauss reported 10 Officers, 21 Councilors, and 149 Delegates. The final two reports were adopted.

Reference Committees

The speaker announced the members of the Reference Committees as follows: *Reference Committee A* - R. C. Scanlon, Chair, *Springfield*; Richard Butin, *Kansas City*, Steve Halpin, *Hannibal*; James Riscoe, *Joplin*; and Eli Shuter, *St. Louis*. *Reference Committee B* - George Hubbell, Chair, *Osage Beach*, Richard Betz, *Neosho*, Mila Cunningham, *Columbia*; Vickie Massey, *Kansas City*; and Nate Murdock, *St. Louis*.

Nominating Committee

Dr. Vilmer appointed the following members to the Committee on Nominations:

District 1	Gary Dyer, MD, *St. Joseph*
District 2	Sandra Ahlum, MD; *Hannibal*
District 3	Daniel O'Sullivan, MD; *St. Louis*
District 4	Jeffrey Copeland, MD; *St. Peters*
District 5	Kenneth Rall, MD; *Columbia*
District 6	Phillip Hornbostel, MD; *Sedalia*
District 7	William Case, MD, Chair; *Kansas City*
District 8	James Wolfe, MD; *Springfield*
District 10	Kirby Turner, MD, *Poplar Bluff*
OMSS	Peggy Barjenbruch, MD; *Mexico*
IMG	Carl Petit, MD, *Osage Beach*

Election by the House of Delegates

Officers

President-Elect
Norman P. Knowlton, III, MD, *Springfield*

First Vice President
Robert Miller, MD, *St. Louis*

Vice Presidents
Phillip Foreman, MD, *Hannibal*
William Case, MD, *Kansas City*

Speaker of the House of Delegates
John Rollo, MD; *St. Louis*

Vice Speaker of the House of Delegates
Edwin Masters, MD; *Cape Girardeau*

AMA Delegates
H. Jerry Murrell, MD, *Columiba*
David Barbe, MD, *Mountain Grove*
Arthur Gale, MD, *St. Louis*
Jo-Ellyn Ryall, MD, *St. Louis*

AMA Alternate Delegates
William Dorzab, MD, *Raytown*
Jonathan Dehner, MD, *St. Louis*
Carl Strauss, MD, *Belton*
Daniel O'Sullivan, MD, *St. Louis*
Ms. Heidi Rayala, *Columbia*

MSMF Board of Directors
Kevin Walls, MD, *Independence*
Patrick Harr, MD, *Maryville*
Christopher Young, MD, *Cape Girardeau*

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April 5-8, 2001

Renaissance St. Louis Hotel

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Councilors and Vice Councilors

District 1

Councilor .... Rob Schaaf, MD
Vice Councilor .... Stephen McCray, MD

District 3

Councilor .... Octavio Chirino, MD
Vice Councilor .... Norman Druck, MD

District 5

Councilor .... Jerry Kennett, MD
Robert Wankum, MD
Vice Councilor .... Joseph Corrado, MD

District 7

Councilor .... Charles Van Way, III, MD
Frederick DeFeo, MD

District 8

Councilor .... Michael Hoeman, MD
Vice Councilor .... Duane Sherrod, MD

District 9

Councilor .... David Barbe, MD
Vice Councilor .... (vacant)

Organized Medical Staff Section

Councilor .... Peggy Barjenbruch, MD
Vice Councilor .... Carl Petit, MD

International Medical Graduate

Councilor .... Arteso Raborar, MD
Vice Councilor .... Daniel Fabito, MD

Resident Physician Section

Councilor .... Tammy Lin, MD
Vice Councilor .... Peter Peer, DO

Medical Student Section

Councilor .... Ms. Jennifer Watts
Vice Councilor .... Ms. Amanda Emke

Resolutions

The following resolutions were considered at the second session of the House of Delegates. The action that was approved follows each resolution.

Resolution #1

Legislation to Assist Non-Board Certified Members

RESOLVED, that MSMA supports the ideal that the ability of each medical provider to practice to the fullest extent of his/her training and experience should be protected, and to this end, MSMA will seek and support legislation in Missouri, which would prohibit hospitals and managed care plans from denying privileges or membership to any physician who is not board certified if a different physician with equivalent or lesser training and experience, but who is board certified, is given privileges or membership, and be it further

RESOLVED, that MSMA will ask AMA at its next session (A-00) to seek similar legislation on the federal level prohibiting hospitals, managed care plans, federally funded clinics and VA hospitals/clinics from similarly refusing to offer privileges/employment/membership to otherwise qualified, but not board-certified, physicians if such privileges/employment/membership is/are offered to different physicians with equivalent or lesser training and experience, but who are board certified.

Action: **Referred to MSMA Council**

Resolution #2

Committee on Legislative Affairs

RESOLVED, that membership on the Committee on Legislative Affairs be expanded by adoption of the following change in the MSMA Bylaws:

"Chapter VII. The Committee on Legislative Affairs shall consist of fifteen members of the Association, appointed annually by the President. The President may appoint up to five non-voting, ex officio members. The Committee shall consider legislative proposals affecting health problems of the people of the state and the practice of medicine and shall make recommendations to the Council and the House of Delegates as well as directing staff activities in such matters."

Action: **Adopted**

Resolution #3

American Medical Association Find Grounds To File Class Action Suits Against Managed Care Organizations For Denial And Delay of Payment of Claims

RESOLVED, the AMA Litigation Center increase its efforts to find grounds for filing class action suits against MCOs for denying and delaying payment of claims, and be it further

RESOLVED, the AMA Litigation Center become a resource for assisting state and local medical societies in finding grounds for filing such suits, and be it further

RESOLVED, that this resolution be submitted by the Missouri State Medical Association to the AMA House of Delegates at the AMA A-2000 meeting.

Action: **Amended Resolution Adopted**

Daniel O'Sullivan, MD, presents Frank Mohs, MD, with the Distinguished Service Award. The award is given in recognition of a high regard that MSMA members have for a physician member.

Resolution #4

Extending Peer Review Protection to Voluntary Report Systems

RESOLVED, that the appropriate Missouri State Medical Association committee craft model legislation to extend peer review protections to databases containing free disclosure of adverse events, and be it further

RESOLVED, that this resolution be submitted by the Missouri State Medical Association to the AMA House of Delegates at the AMA (A-2000).

Action: **Amended Resolution Adopted**

Resolution #5

Laboratory Justification

RESOLVED, that the Missouri State Medical Association instruct the AMA House of Delegates at the Annual 2000 meeting to petition Congress and HCFA for relief from this cumbersome laboratory justification as cited in *HCFA Program Manuals & Transmittals*, [Ref. 14-3-1530] 5114.1 Reasonable Charges 11-95 pp 5-31.17, 5-31.18 and 5-31.19, and *Part B Manual* [14-3-7517.1] Laboratory Claims by obtaining a fair and reduced price and allowing reasonable use of profiles without specific diagnosis for each test.

Action: **Referred to MSMA Council**

Resolution #6

Medical Errors - MSMA Clearinghouse For Component Society Recommendations for Action on *To Err is Human* Institute of Medicine Report

RESOLVED, that MSMA promote initiatives designed to address the Institute of Medicine Report "To Err is Human: Building a Safer Health System."

Action: **Substitute Resolution Adopted**

Resolution #7

Targeting Physicians for Selective Prosecution

RESOLVED, that the Missouri State Medical Association do everything within its power to expose and stop where possible, this discriminatory practice of targeting physicians for selective prosecution and enforcement of fraud and abuse laws.

Action: **Filed**

Resolution # 8

Standards of Informed Consent

RESOLVED, that MSMA reaffirm the policy of not placing the standards of informed consent in statute form, and be it further

RESOLVED, that MSMA adopt a policy that opposes any federal, state, or local government dictums as to what information should or should not be discussed between doctor and patient, and be it further

RESOLVED, that MSMA adopt a policy that opposes any federal, state, or local government dictums as to which office examinations, treatments, and procedures require a written consent, and be it further

RESOLVED, that the MSMA ask the AMA House of Delegates to adopt similar policies

Action: **Amended Resolution Adopted**

Resolution #9

Revision of the Standard Form to Establish Credentials

RESOLVED, that the MSMA recommend revision of the Code of State Regulations 20 CSR 400-7.180, relating to the Standard Form to Establish Credentials to include only inquiries reasonably related to the qualifications, functions, or duties to a medical professional, and be it further

RESOLVED, that such inquires should not duplicate inquires by the State Board of Healing Arts prior to licensure, exceed the scope of inquiry by the Board of Healing Arts for renewal of licensure, relate to matters distant in time, or require annual resubmission of explanations for matters previously disclosed, and be further it

RESOLVED, that question 2 on the form should be eliminated or modified to read: "Within the last five years, have you been named as a defendant in a criminal case involving felony charges, drug or alcohol use, violence, any offense reasonably related to your qualifications, functions, or duties as a medical professional, or any offense an essential element of which is fraud or dishonesty?", and be it further

RESOLVED, that a more appropriate inquiry follows question 3 on the form: "Have you ever been convicted...[of] any felony [or]...any offense reasonably related to your qualifications, functions, or duties as a medical professional, or any offense an essential element of which is fraud, dishonesty, or an act of violence?", and be it further

RESOLVED, that a preface to Section X. "Additional Information" be included that states "Since the last submission of this Standard Form to this Credentialing Authority;" prior to the inquiries, in order to limit repetitious submission, and be it further

RESOLVED, that these proposed changes assure that the State Board of Healing Arts continues to have the role of determining qualifications to practice medicine in the State of Missouri, and that credentialing determinations be made on matters relevant to practice, and that no significant adverse impact on credentialing agencies or the public will occur as a result of these changes.

Action: **Referred to MSMA Council**

Resolution #10

Computer Access to CME

RESOLVED, that as part of the CME credentialing criteria, it is recommended, but not required, that all syllabus materials including text, tables, figures and graphics be made available on standard personal computer electronic media for those who attend CME programs, where a registration fee is required.

Action: **Amended Resolution Adopted**

Resolution #11

Guidelines for Palliative Care

RESOLVED, that the MSMA endorse the Guidelines for Palliative Care

Action: **Referred to MSMA Council**

Resolution #12

State Legislated Remedy for Physicians and Hospitals When HMOs, Health Plans, Insurance Companies, and Self-Funded Health Plans go Bankrupt or Become Insolvent

RESOLVED, that a law should be passed that the Missouri Department of Insurance require health plans and insurance companies licensed in Missouri to be bonded, so in the event of insolvency, hospitals and doctors will be paid promptly for services already rendered, and that insurance companies be rated yearly for solvency, and the information made public in a timely fashion, and be it further

RESOLVED, that delay in payment beyond the contract agreement will incur interest payment of 1% per month (according to present RSMo 376.383), whether paid by the bonding agent or the company.

Action: **Amended Resolution Adopted**

Resolution #13

Medicaid - Tax Deductions

RESOLVED, that Missouri State Medical Association introduce legislation allowing losses incurred for seeing Medicaid patients be tax deductible.

Action: **Referred to MSMA Council**

Resolution #14

Charitable Care - Tax Deductions

Resolved, that the Missouri State Medical Association introduce legislation allowing losses incurred for seeing charitable care patients be tax deductible.

Action: **Referred to MSMA Council**

Donald E. McIntosh, MD, gives his Presidential Award acceptance speech to the House of Delegates. The award is in recognition of his service to his physician colleagues.

Resolution #15

Expert Witness

RESOLVED, that the Missouri State Medical Association propose legislation that in order to be considered an expert witness the testifying physician be a practicing board certified physician of the same specialty he/she is testifying for/against, with active medical staff privileges.

Action: **Not Adopted**

Resolution #16

Hospital Concern Forms

RESOLVED, that MSMA will ask AMA at its next session (A-00) to study and report on the ethical implications of the use of hospital concern forms, and, if such use is found to be unethical, MSMA will seek the help of AMA in banning their use.

Action: **Referred to MSMA Council**

Resolution #17

Medicine and Epidemiology

RESOLVED, that the Missouri State Medical Association promote public leadership by those with training and experience in medicine and epidemiology to help us find better ways to promote and protect the health and life of patients and citizens; and be it further

RESOLVED, that the MSMA promote wider dissemination of already available outcome data of diagnostic, therapeutic, disease prevention, and health promotion in lay language to patients, their families and the general population for use in legislation, policy, priority-setting, official recommendations, emergency plans and protocols, and informed consent decisions, and be it further

RESOLVED, that the MSMA promote more random controlled clinical trials, epidemiological studies, and other sound scientific evaluations of all health service outcomes whenever feasible; and be it further

RESOLVED, that the MSMA, through its delegates, ask the American Medical Association to consider similar national action.

Action: **Not Adopted**

Resolution #18

Medical School Funding

RESOLVED, that the MSMA support an increase in federal and state funding for medical education at the medical schools in the State of Missouri.

Action: **Substitute Resolution Adopted**

Resolution #19

Drop Capitation for Primary Care Physicians

RESOLVED, that the Missouri State Medical Association introduce a legislative proposal to the Missouri General Assembly that would ban the practice of health insurance plans paying physicians a bonus for any cost savings that are achieved under a capitated method of payment.

Action: **Referred to MSMA Council**

Resolution #20

Physician Extenders

RESOLVED, that the Missouri State Medical Association ethically and professionally cannot endorse any rule, regulation or statute that allows non-physicians to diagnose and initiate treatment without direct physician supervision to patients for illness, disease, injury or the maintenance of health; and be it further

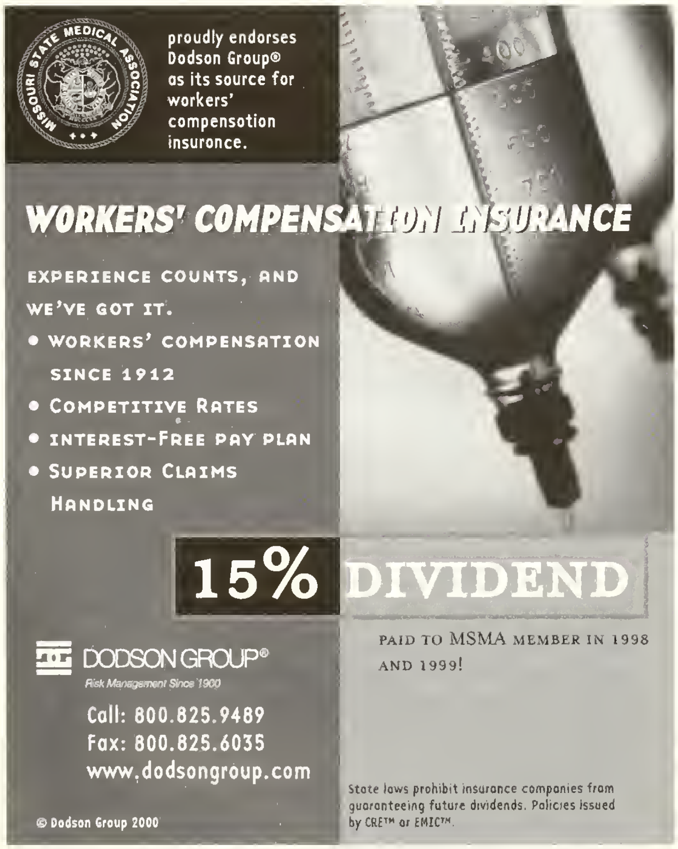
RESOLVED, that the Missouri State Medical Association will continue to advocate for Missourians, opposing non-physicians attempting to diagnose and initiate treatment for injury, illness or disease, or to determine wellness without daily supervision and support of a physician in the same location as the non-physician; and will endorse statutes and rules which hold accountable individuals and/or entities responsible for non-physicians diagnosing and treating patients without a license to practice medicine; and be it further

RESOLVED, the MSMA will continue to urge physicians working with physician extenders to diagnose and initiate each patient's treatment prior to members of the health care team delivering and managing the patient's care; and be it further

RESOLVED, the MSMA will urge physicians working with physician extenders to help patients understand the level of training of the non-physician caring for them, and be it finally

RESOLVED, the physicians will continue to support collaborative practice arrangements where physician extenders are practicing with a license physician.

Action: **Not Adopted**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Dr. Smoak's Address to the House of Delegates

Thank you for that introduction and good afternoon to all of you.

I know so many times when you hear speakers from AMA, they tend to talk about a lot of things going on there and some of the political issues and those sorts of things. I thought I would give you a couple of things a bit different today.

As one who continues occasionally to get to his office and practice, I think I still know most of the issues that you deal with in the trenches, so to speak. So I thought I would address those remarks in this forum.

"What have you done for me lately?"

That's a common question. Any time you seek someone as a prospective member, that's what they want to know: What have you done for me?

Well, for those who are members, and obviously all of you are, I will tell you a little bit of what we've done for you lately.

Let me start out with the patient's bill of rights. You know we have been working on it for the past three or four years. We got a pretty good bill passed in the House of Representatives, we got a real sham in the Senate, and now the conference committee is trying to work out those details. We're very hopeful that it will be in the form of the House bill.

If it's not reasonable in that sense, we'll certainly ask the President to veto it and start all over again. Because it's our intention to get a bill that truly protects our patients and gives us some of the relief that we need from all the rigamaroles and hoops that we have to go through every day in caring for those patients. Certainly, that's a giant step forward.

Now, to give you a little idea of the competition, as you probably are well aware, the insurance industry spent $100 million to try and defeat that. Dollars that could well have been spent for Pap smears, mammographies, immunizations, et cetera.

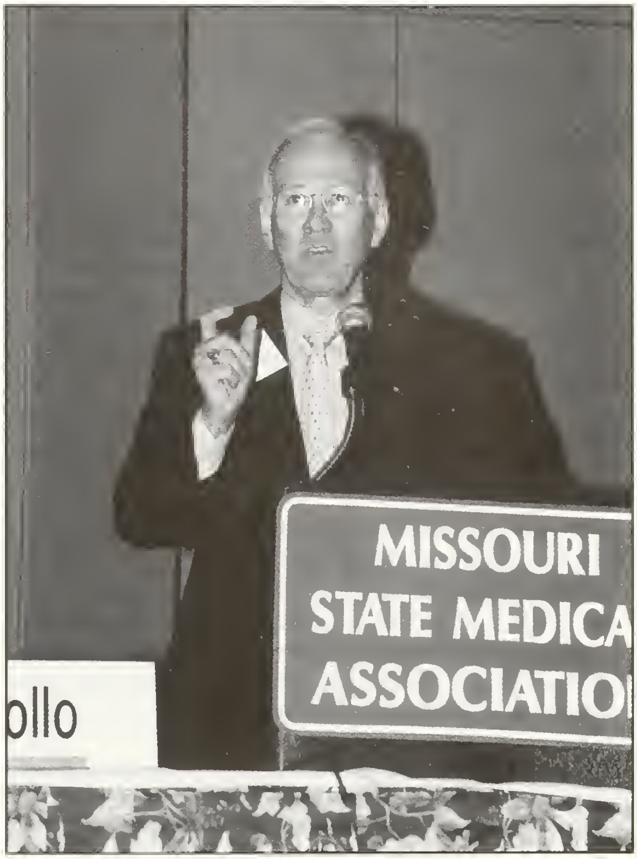
This last week the WHP organization started running ads confusing medical errors with patient's bill of rights just to try to jumble things up to sway a few people to come off supporting the patient's bill of rights so they could perhaps stall or kill that.

Well, there was an editorial in *USA Today*, a week ago today, I believe it was, that really, I think, was very much on target and gave the true facts as they are.

We've instituted a program in the last several months called, National House Call. I hope you've read something about it in the *AMA News*. It's going to be a very exciting program to us because we've gone right to the grass roots, state by state, city by city, and engaged the local physicians in the local communities as well as in the state and taken these issues to the people. In turn, asking them to impose upon the candidates for the presidency that they would address health care issues. As you know, they address a lot of other issues, such as tax reduction, foreign affairs, et cetera, but really don't have a great deal of interest in health issues.

So we're going to press that issue to see that they do discuss these issues. Our objective is this: come November, whoever is elected President of the United States, we want to be sure they have a firm commitment to addressing the health needs of this country.

I will tell you that one of the great needs has to be the 44 million Americans who are uninsured. We



Dr. Randolph D. Smoak, Jr., AMA President-Elect addresses the House of Delegates.

talk about it all the time. There are ways of correcting that. As you know, we've got a wonderful system. We've got 85 percent of the people covered right now. We just need to cap that 15 percent of them to try to get everybody incorporated in this. And we can do it.

There are various mechanisms, individually owned, individually chosen, an insurance policy that would be bought through large pools and also be financed by tax credits as our approach is, I'm sure you're aware.

Let me tell you a little bit about what's happened with our private sector advocacy. This is a program that we started a year and a half ago to address those everyday needs that you and I run into in patient care. There's no end to how those come about.

We, as you know, challenged the Aetna U.S. Health Care merger with Prudential a year ago. We didn't prevent that occurring, but we did end up that the NYL Care had to be spun off, which was a great advantage to the physicians in Texas, particularly in Dallas and Houston.

This was the first challenge of that sort ever and at least we succeeded in part.

All products clause, something that's egregious to most all of us. We've worked, we have attempted to have that deleted from contracts; here again, with some success. We've been able to achieve that with some of the insurance commissioners in several states.

The Kentucky House of Representatives has now passed a bill saying that is unlawful. Other states are looking at it as well: Virginia, et cetera. We have been promoting and pushing that campaign. And we believe that we will continue to meet with success if physicians get behind this, push their members of Congress and members of their general assemblies to do just that.

We know that many times there is a unilateral change in contracts in the middle of a contract year. And, here again, we have addressed this with some of our sisters from that association in Georgia.

Model managed care contracts, have been developed. We have been using those. We have held those up to the public and to others in terms of how those contracts should be structured, rather than including all the things, such as gag clauses, the all products clauses, and things of that sort that we find that are unacceptable.

There are things involving the specialist societies, particularly, that seem to hit home here, and that's silent PPOs. I don't know whether you've experienced much of that. But certainly, some of them are current, particularly among specialists and those people who have made a commitment expecting to receive a certain reimbursement and all of a sudden, by trickery, somebody shows up with a "no mechanism" and you really don't know it until after the fact.

Those are things, if you have information on, pass them on to us because we want to go after them and we want to knock those things in the head while we can.

We've been challenging the market consolidation, as I said. We will look for other opportunities to do that as well. The Department of Justice is not necessarily a group that we want to get in bed with, but we have utilized their capabilities in a variety of things.

One area they have some difficulty with us is in the anti-trust relief that we are seeking. If you don't remember anything else that I have told you this afternoon, or over the course of the next several days that I have a chance to talk with many out in the halls, I hope you will remember this: The Campbell Bill, HR 1304, is a must for us. If we are ever going to get relief from the anti-trust, now is the time. My friends, I do believe that if we don't get it now, we have no one else to blame but ourselves because the man has put out a good product for us, we have 211 co-sponsors.

It has been reported out of the Judiciary Commitee, 26 to 2, as of last week. Now it's before the House through the rules mechanism, et cetera, to be dealt with. We must, we must, find ways to be sure that every member of Congress signs onto that and that we get a huge number to support it and pass that bill in the House.

The Senate is not very keen toward this. But if we get an overwhelming number of people supporting it in the House, they will have to deal with it whether they would choose to or not.

Anybody here have a problem with delayed payments?

I figured that. Okay. It's an issue that we are dealing with in other places. The Medical Association of Georgia, in conjunction with the AMA, has taken this project on in their state because they have state laws that define when a claim should be paid.

We are suing the suckers over it. We don't have any hesitation about going that route if we need to try to achieve what should be rightfully passed on to the physicians in a timely fashion.

We have a challenge in New York. We've joined with them on the usual and customary issue. What's happened is that the insurance carriers there have used some data that came from WHP that the WHP will not stand behind. Yet the insurance companies use this data to decide what the reimbursements should be for physicians and hospitals.

Now, if they can't stand behind it, then we will go after them and find out why and how much they should have been paying physicians all along and they haven't. So we intend, once again, to use a big stick there as far as we can to get that issue settled in favor of our physicians for things that should be rightfully theirs for appropriate services rendered.

We've done some of the things dealing with Humana. They've backed away on some of the issues pertaining to E &M coding on 4 and 5. They've almost wiped out the idea of 4 and 5 because you had to have so many things to support that.

Well, we're going after them once again. We have had some success already where they've backed off in a couple states right now where they were going to invoke that.

So it can be done, but we need everybody to help in that issue.

I hope you haven't had problems with bankruptcy here that several of the states have had. We have mechanisms to help physicians get a clue as to when this is coming forward and to do something about it as far as possible within the state laws.

There are a number of things like this that can be done, but one of the most difficult things is getting the accurate information from physicians to pass on for us to make the case. If you have some type of problem that you feel like is truly egregious in that sense, please don't hesitate to get the data together.

Call us and let us know. Because if we can put it together, we will certainly utilize it.

Along the same lines, many of you know, I'm sure, that Physicians for Responsible Negotiating, was passed by the House of Delegates last year and has been put into place. An organization has been incorporated under the laws of Illinois. It's up and running. The first test situation is in Detroit, Michigan, and we will be following that very closely.

They've already asked for some protection under the NLRB, which they received on the three issues that they brought forward. So it's now a matter of the election and going forward with that process.

This will certainly be something that will be done location by location. It's not going to be a universal, broad-base type of thing. It will have to be done on a local level. But for those physicians who need that tool to help them deal with some of the egregious practices they are up against — well, there it is.

We would tell you that at every turn, though, there is someone, some group there, that's trying to beat us down at the same time. So it's kind of like "Let's don't let them cut us off at the pass," but that's what we're up against with every issue.

To tell you a little bit about sustainable growth rate: We've got a 5.4 percent increase at this time, which is the largest we've ever had in the past and we are pleased with that.

We would still like to see other aspects and some of the reimbursements approved.

You may or may not be aware that HCFA made a critical error in the accounting aspect of reimbursement levels several years ago. We brought that to their attention. They said they couldn't correct it, that Congress would have to do it.

We went to Congress. They said, "Nothing doing. HCFA can take care of it."

We went back to them. We couldn't get any resolution there. So last December we put in a suit against HCFA for $3 billion. Now, that's $4,600 for every physician in this country, dollars that should have been rightfully paid because of services rendered.

So we're going to stick with it. I don't know what the outcome of that will be, but conceivably the outcome might be that if any recovery is made that it could be for members only, which would be yet another benefit for you.

Then an area that everybody is learning about, advancing in, we've certainly tried to make this available to the membership in a variety of ways: We have AMA.COM that's up and running as of now. We hope you will find ways to use that. Let me call your attention to something called CITS, which is Compliance Interactive Tutorial System. That has to do with the compliance that you should have in place in your offices for some of the fraud abuse issues and you will probably certainly find that you can use those.

The models that are in there will be helpful to your office staff and I think you'll find those, as they are added one by one, will be very helpful to you. It's only, again, for members only.

There are a number of things that we are doing like this for membership all the time. I would encourage you to help us as we address any of these issues that deal with managed care, in particular, because we can win those battles.

We are seeing that the pendulum is swinging back somewhat from where it was over in their court back toward the middle side. But let's move the process faster. We just need the support of everyone in doing that.

Finally, let me tell you that we are available to help you. We do have a new number at the AMA that I hope you will find user friendly and that you can call and immediately get what you're trying to get in terms of information, services, products, et cetera.

So I look forward to the next few days enjoying your company and having a chance to visit with you in the halls and at any social events. Thank you so very much for having me here at your meeting.

Good luck. MoMed

Mammograms

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MO-00-17-MAM

This material was prepared by Missouri Patient Care Review Foundation under contract with the Health Care Financing Administration (HCFA). The contents do not necessarily reflect HCFA policy.

Air pollution can hurt the ones you love most.

Hot summer days in Greater Kansas City may bring high concentrations of ozone that are harmful, especially to kids.

Ground-level ozone can irritate the eyes, nose and lungs causing chest pain and difficulty breathing. Children are more vulnerable because their respiratory defenses are not fully formed.

So when the hazy days of summer are upon us,

- watch for the daily SkyCast ozone forecasts in local media,
- on SkyCast Ozone Alert! days, go to **www.marc.org** to learn what steps you can take to protect your children, and
- ask your physician if your children might be at risk and what to do if they are.

These simple actions will help keep your kids healthy — and happy — this summer.

MARC
Mid-America Regional Council

Sky Heartland
Clearing the air for Greater Kansas City

To learn more about air quality, visit **www.marc.org**

President's Report - see page 173
MSMA Alliance Report - see page 217

Report of the Secretary

The Missouri State Medical Association had 5,545 members as of the December, 1999 audit. This was a net gain of 34 members from our membership of 5,511 on the December, 1998 audit. Following is a breakdown according to classification.

Year	Student	Resident	Active	Honor	Total
1998	586	137	3696	1092	5511
1999	694	172	3623	1056	5545
	+108	+35	-73	-36	+34

Number of member deaths reported during 1999 totaled 51.

The Committee on Nominations, which is appointed by the President, from the House of Delegates, must submit nominations for the following offices:
President Elect to fill the expired term of Gordon M. Goldman, MD, St. Louis.
Three Vice Presidents to fill the expired terms of Robert T. Gibbons, Jr., MD, Kansas City; David Barbe, MD, Mountain Grove; Meredith Payne, MD, St. Louis.
A Speaker and Vice Speaker to fill the expired terms of John Rollo, MD, St. Louis, Speaker, and Edwin Masters, MD, Cape Girardeau, Vice Speaker. Both are eligible for re-election to their current position.
Four Delegates and Four Alternate Delegates to the AMA to fill the vacancies created by the expiration at the conclusion of the April, 2000 Annual Convention of the terms of Delegates
H. Jerry Murrell, MD, Columbia; David Barbe, MD, Mountain Grove; Arthur H. Gale, MD, St. Louis; Jo-Ellyn M. Ryall, MD, St. Louis, and Alternate Delegates William Dorzab, MD, Raytown; Jonathan Dehner, MD, St. Louis; Carl Strauss, MD, Belton; Daniel O'Sullivan, MD, St. Louis. The new two-year terms will begin at the conclusion of the 2000 MSMA Annual Convention and end at the conclusion of the 2002 MSMA Annual Convention.

The terms of the following Councilors will expire in 2000: 1st District - Robert Schaaf, MD, St. Joseph; 3rd District - Octavio Chirino, MD, St. Louis; 5th District - Jerry Kennett, MD, Columbia; Robert Wankum, MD, Jefferson City; 7th District - Frederick DeFeo, MD, Kansas City; Charles W. Van Way, III, MD, Kansas City; 8th District - Norman P. Knowlton, III, MD, Springfield; 9th District - David Barbe, MD, Mountain Grove; Organized Medical Staff Section - Luis B. Anglo, MD, St. Louis; Resident Physician Section - Carolyn M. Morris, MD, St. Louis; International Medical Graduate Section - Arteso Raborar, MD, Springfield; Medical Student Section - Mr. Ben Unger, St. Louis.

The terms of the following Vice Councilors will expire in 2000: 1st District - Stephen McCray, MD, Kansas City; 3rd District - Thomas E. Reh, MD, Richmond Heights; 5th District - Joseph Corrado, MD, Mexico; 7th District - Loretta Loftus, MD, Kansas City; 9th District - Edward Jenkins, MD, Laquey; Organized Medical Staff Section - Peggy Barjenbruch, MD, Mexico; Resident Physician Section - Tammy Lin, MD, Clayton; International Medical Graduate Section - Carl Petit, MD, Osage Beach; Medical Student Section - Ms. Kim Schmidt, Chesterfield.

Delegates shall meet during the Annual Convention prior to the last day and elect the Councilors and Vice Councilors for their respective districts and sections. The election shall be certified to the House of Delegates on the prescribed form which will be furnished.

The entire session will be held at Westin Crown Center, Kansas City, Missouri. The House of Delegates will hold its First Session on Thursday, April 6, 2:00 pm, Century C, the Second Session is on Friday, April 7, 4:00 pm, Century C, and the Final Session will convene at 7:30 am, Sunday, April 9 in Century A.

Registration facilities will be open on Thursday, from 7:00 am to 4:00 pm, Friday from 6:30 am to 5:00 pm, and Saturday from 6:30 am to 2:00 pm. Registration will be in the Century Foyer.

James Wolfe, MD

Report of the Treasurer

The report of the Treasurer is covered in the Financial Statement which is published in the March issue of *Missouri Medicine* and appears on the following pages in the Delegate's Handbook.

Robert Miller, MD

Report of the Executive Vice President

Status Report
Strategic Planning Meeting in 1998

Direction 1-A: Promoting the Science and Art of Medicine

MSMA continues to publish *Missouri Medicine*, which contains both scientific and socioeconomic articles. Many state medical associations have ceased publication of a journal.

MSMA provides, in conjunction with several specialty societies, CME credits at the Annual Convention and has begun a series of seminars which are jointly sponsored by component medical societies. MSMA is also sponsoring seminars for specific groups such as young physicians and resident physicians.

Direction 1-B: Enhance the Value of *Missouri Medicine* to Member and Non-member Physicians

The 1997 Membership Survey showed an even division among members when asked if the Journal should contain more/less scientific or socioeconomic information. The survey revealed that the Journal is widely read so until further study indicates the need for a change, the mix will remain the same. The suggestion that copies of the Journal be provided to non-members on occasion is under study.

Direction 1-C: Ensure that Physicians Continue to Set the Standards by Which Medicine is Practiced in Missouri

The MSMA continues to address medical ethical issues in its interaction with non-physician health care providers, the Legislature, business and insurance entities and the public. The Association has been the primary proponent in passage of the state's intractable pain law and is strongly supporting the "Educating Physicians about End-of-Life Care" project.

Direction 1-D: Physicians Must Accept Leadership Roles in Defining Critical Health Care Issues

MSMA provides many opportunities for its members to take leadership roles in dealings with lawmakers, bureaucrats, health care providers and others. The Key Contact Program is an effective lobbying force for the Association. The Doctor of the Day Program is more successful than ever. MSMA is asked time and time again to provide names of physicians to serve on boards and committees which formulate state regulations.

Direction 2-A: Protection of the Public Health Through Aggressive Legislative Initiatives

The MSMA is recognized as "the voice of medicine" by members of the Missouri Legislature and the Administration. Although no organization wins all the time, MSMA's legislative record is recognized as among the top as registered by state medical associations. This is the result of dedicated efforts by many active MSMA physicians and a dedicated staff. If there is a weakness in the Association's political efforts, it is the oft repeated claim by lawmakers, "doctors won't get involved and sure won't contribute to campaigns."

Direction 2-B: Protection of the Public Health by Acting as an Intermediary for Physicians and Patients with Health Care Payers

The MSMA continues to review the need for an Association "ombudsman" program to act as an intermediary between patients and third party payers. In HB 335, MSMA was able to craft provisions that allow patients to appeal a claim denial to (1) the third party payers, and if not satisfied, (2) to an internal expert panel of the third party payer, and if still not satisfied, (3) to the Missouri Department of Insurance which is empowered to set up an external expert panel to review the claim. MSMA's Health Care Rights Campaign informs patients of their right to challenge denials.

Direction 2-C: Protection of the Public Health by Advocating with Large Employer Groups on Behalf of Physicians and Patients

MSMA maintains ongoing communications with business and consumer groups from around the state. Presently, the business community is focused almost entirely on health care costs. Most consumer groups recognize the importance of continuity of medical care and work closely with MSMA on issues to broaden the rights of patients.

Direction 2-D: Protection of the Public Health from Potential Abuses Associated with the Development of Large Multi-Facility Health Care Systems

MSMA has assisted several component medical societies, hospital medical staffs and individual physicians in addressing efforts by a few hospitals to restrict the rights of physician staff members.

Also, the Association has established a network of attorneys who have significant experience in the area of physician employment contracts and offer their services at a fair price.

The Association will soon begin posting managed care contracts on the website with legal analysis.

Direction 2-E: Protection of the Public Health Efforts to Identify, Educate and Discipline Physicians Who Fail to Provide High Quality Health Care

The MSMA's Physicians' Health Program is recognized as one of the nation's most successful programs in assisting impaired physicians. The Association continues to increase funding for the program.

The Association also has both filed and defended lawsuits that threaten the state's peer review statutes, which were adopted several years ago due to the efforts of MSMA.

MSMA maintains close communications with the State Board of Registration for the Healing Arts to help insure that the public health is protected and the rights of physicians are safeguarded.

Direction 3-A: Redefinition of the Boundaries of Medicine

MSMA meets with leaders of other health care professions regularly. Close cooperation at present, however, is difficult because many of these providers are attempting to expand their scopes of practice through legislative efforts.

The MSMA meets often with representatives of the Missouri Association of Osteopathic Physicians and Surgeons and the two organizations work in concert on many issues. There are times when the organizations agree to disagree.

The Association encourages medical specialty societies to participate in the Annual Convention and works with individual specialties when legislation or bureaucratic regulations are of particular interest to that group.

Direction 3-B: Helping Physicians Succeed in a Rapidly Changing Environment

This direction dealt primarily with the possibility of MSMA forming a union. The Association has closely followed the AMA's newly formed Physicians for Responsible Negotiations (PRN). A General Session of the subject of physician negotiations will be held at this Annual Convention. In addition, the Association has been in contact several times with Missouri's Congressional Delegation seeking passage of HR 1304, the Campbell Bill.

Direction 3-C: Enhancing the Image of Physicians

MSMA has funded extensive public relations campaign over the last eight months with emphasis on MSMA's members informing patients of their rights when dealing with managed care. The project, “Know Your Health Care Rights,” has been promoted through thousands of radio advertisements, 16 billboards across the state and on transit buses in St. Louis. The project has drawn compliments from the public, Legislators and physicians. Thousands of brochures explaining patients' rights have been distributed by MSMA.

MSMA also instituted a series of visits to editorial boards of large newspapers in Missouri to increase the profession's visibility among decision-makers. Also, the Association has conducted two “speaker training" seminars to prepare medical leaders on the most effective ways to address the press. Additional seminars will be scheduled in the coming months.

Direction 3-D: Develop New Programs to Benefit Emerging Physician Practice Patterns

MSMA is developing new programs that recognize the changing patterns of practice by Missouri physicians. The past two years, MSMA has co-sponsored a series of computer programs, “Physicians Accessing the Internet,” with several component medical societies. A new series of seminars is planned for the coming months.

Staff has met with representatives of the Medical Group Managers Association and it is hoped the two organizations can develop joint programs of interest to physicians in large groups.

Direction 3-E: Distribution of Physicians Within Missouri

The Association maintains continuous contact with the State Department of Health on such issues as health manpower. One area MSMA has worked to improve is the reimbursements of the Missouri Medicaid program, which often provides coverage for many patients in underserved medical regions. In 1998, we were able to gain a $10 million increase in Medicaid funding and followed in1999 with a $7 million increase. The Association will research other incentives to increase physician manpower in underserved areas.

Direction 3-F: Escalation of Medical Student Debt

The Association has long been aware of the debt burden medical students face upon graduation. In response, as the Missouri State Medical Foundation, which was originally founded and funded by MSMA dues-paying members, has become more financially solid, the Foundation has made its loans more appealing to medical students who are residents of Missouri.

The Foundation recently reduced its loan rate to 7.8% and increased the amount it will loan to each student annually from to $6,000 to $8,000. The Foundation currently has approximately $2.1 million in loans outstanding.

Direction 3-G: Maintaining Sound Fiscal Responsibility of MSMA

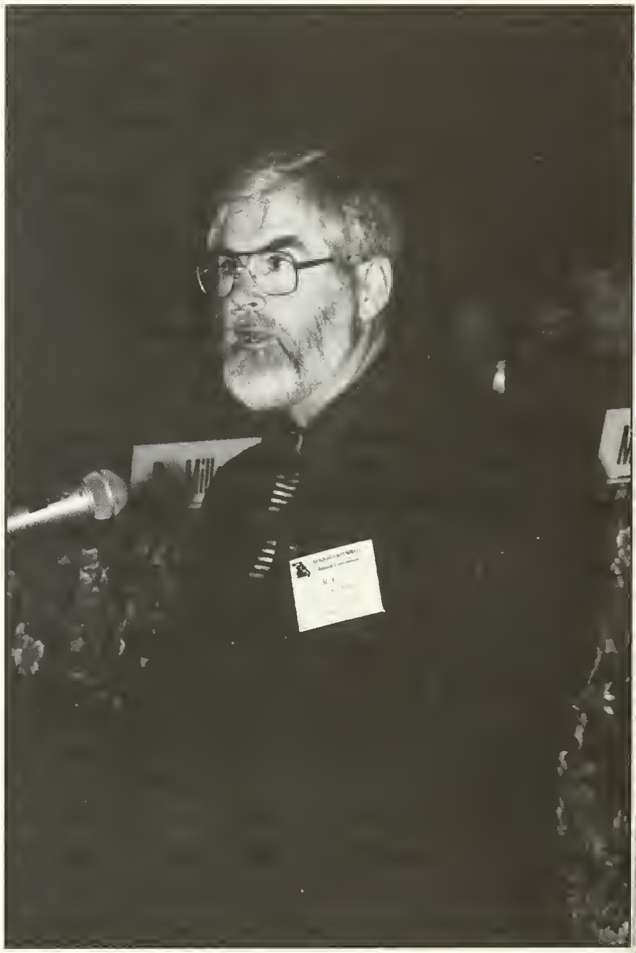
The MSMA is in strong financial shape as income and investment growth over the past few years have far outpaced expenses. The Association has an experienced Budget Committee to oversee monthly expenditures and income and the organization is audited annually and that information is made available to the members.

The problem, as it is with most voluntary membership organizations, is the failure of membership to keep pace with the number of new physicians beginning practice in Missouri. Although MSMA experienced a slight increase in members in 1999, too many young physicians are not choosing to join organized medicine.

Recent staff changes will provide MSMA visibility in all areas of the state - - at component society meetings and at MSMA-sponsored events. However, the most effective method of gaining new members is the active involvement of present members. It has been proven time and time again that if a physician will ask another physician to join the organization - - they will join!

This is your Association - - help it grow!

C. C. "Cork" Swarens



R. C. Scanlon, DO, Chair of Reference Committee A, gives his report to the House of Delegates.

Summary of the 1999-2000 Council Minutes

Meeting of April 11, 1999, Osage Beach

William Dorzab, MD, Raytown, MSMA President, presided. Norman P. Knowlton III, MD, Springfield, was elected Chair, and Carl Kruse, MD, Palmyra, was elected Vice Chair. James Wolfe, MD, Springfield, was re-elected Secretary. Robert Miller, MD, St. Louis, was elected as Treasurer.

Meeting of June 12, 1999, Lake of the Ozarks

MSMA Council voted to submit a resolution asking the AMA and the Organized Medical Staff to urge HCFA to suspend the Medicare Competitive Pricing Demonstration Project in Kansas City and ask Congress to repeal the provisions of the Medicare Prepaid Competitive Pricing Demonstration Project in the Balanced Budget Act of 1997. Resolution #142 was adopted at the AMA meeting.

The MSMA Council also voted to oppose a proposed rule by the Missouri Board of Healing Arts. The MSMA also sent a letter to the Board of Healing Arts objecting to the graduated licensing position of the Federation of State Medical Boards as reported in the *AMNews.*

MSMA reviewed information on the new credentialing process being instituted by United Healthcare. MSMA obtained a legal opinion from the AMA and a lawyer knowledgeable about Missouri law in this area to respond to this new process.

Dr. Gordon Goldman, Chair of the Membership and Governance Committee, reported that some excellent feedback had been gleaned from the focus groups following MSMA's Operation House Call Programs. Information obtained from the Focus Groups will be used to make MSMA more beneficial to members and all physicians in Missouri.

The Health Care Rights Campaign became operational on June 30 and included radio spots on 65 radio stations statewide; 16 outdoor billboards statewide; and brochures to be handed out in physicians' offices.

The Physicians Health Committee reported on proposed policy describing the Peer Review Function of the Physicians Health Committee and interrelationship of the Physicians Health Committee with the Missouri Physicians Health Program and the Physicians Health Foundation. Physicians Health Committee also proposed a coalition of professional program representatives to develop proposed legislation to improve liability protection.

Dr. Ted Groshong, University of Missouri-Columbia School of Medicine, reported that Dr. Daniel Winship will be the new Dean at UMC. Dr. Groshong also distributed information to the Council regarding the grant UMC accepted from Aetna U.S. Healthcare to add a managed care course to the curriculum at UMC. He indicated that the course would present all aspects of managed care to students. He stated that UMC would be pleased to have a representative from MSMA on the Health Care Curriculum Steering Committee that will develop this course. The Council nominated Dr. Jerry Kennett as a MSMA representative to the Steering Committee.

Committee members were appointed to serve on the Year 2000 Committee: Drs. Stephen Vilmer, N. Kansas City, Chair; Octavio Chirino, St. Louis; Joni Scott, Rogersville; Mrs. Roberta Goldman, St. Louis.

Members for the Membership and Governance Committee were appointed for the coming year: Drs. Gordon Goldman, St. Louis, Chair; Peggy Barjenbruch, Mexico, Vice Chair; Sam Page, St. Louis; Karen Zanol, Columbia; Peter Peer, Kansas City; Larry Handlin, Mexico; Arturo Montes, Florissant; Arteso Raborar, Springfield; and David Glover, Warrensburg.

The Council approved the following recommendations for accreditation: Baptist Medical Center, Kansas City - three years; Independence Regional Health Center, Independence - three years; Esse Health, St. Louis - two years provisional (Initial Survey); St. Louis Society for Medical and Scientific Education, St. Louis - four years; Doctors Regional Medical Center, Poplar Bluff - three years; Phelps County Regional Medical Center, Rolla - three years; St. Joseph Hospital, Kirkwood - two years; Capitol Region Medical Center, Jefferson City - one year.

The following were appointed to serve as Councilor Advisors as indicated:

❖ Commission on Continuing Education and Health Manpower - Dr. Jerry Meyer;

❖ Commission on Interspecialty Medicine - Dr. Frederick DeFeo;

- Commission on Medical Economics, Third Party Medicine and Governmental Relations - Dr. Clarence Martin;
- Commission on Medical-Legal Affairs - Dr. Robert Schaaf;
- Commission on Public Affairs - Dr. David Wilkinson; and
- Physicians Health Committee - Dr. Robert Miller.

Mr. Ben Unger, Medical Student Section, reported that all medical schools were conducting membership recruitment programs and fundraising activities. The MSS was also interested in becoming more active in legislative activities.

The Resident Physician Section reported that it sponsored an anti-tobacco poster contest and the national winning poster was on the cover of the May issue of *Missouri Medicine*. The Resident Section was also currently conducting a membership recruitment campaign.

Dr. Larry Handlin, Young Physicians Section, reported a request for a possible retreat had appeared in *Missouri Medicine*.

The IMG Section contacted various international medical societies in the state informing them of the IMG section and urging that they participate in the section.

Meeting of August 22, 1999, Jefferson City

After a formal presentation by representatives of Healthcare Insurance Services (HIS), an insurance broker from Houston, Texas, specializing in medical malpractice insurance, and Los Angeles-based Farmers Insurance Group, the MSMA Council endorsed the launch of a new medical malpractice insurance program for MSMA members. The aim of the program was to reduce insurance premiums for members.

The Council authorized the Committee on Membership and Governance to study the possibility of a statewide campaign to educate physicians as to what MSMA does for them in an effort to increase membership. MSMA has also established a service bureau to offer additional services to members.

MSMA has contacted managed care companies in the state regarding their Y2K compliance status. Letters were sent to 32 companies and responses have been received from 18 companies to date.

MSMA has contacted several entities regarding the Medicare Prepaid Competitive Pricing Demonstration Project in the Kansas City area and the implementation of the project has been postponed to 2001.

Representatives from MSMA met with the State Board of Registration for the Healing Arts regarding a proposed Board rule on medical record keeping and other issues.

A recent court ruling has limited the independence of physician assistants. Staff was directed to see how many physician assistants and physicians are affected by this ruling and to discuss the issue with MAOPS. Staff was also directed to determine the number of PAs and Nurse Practitioners in the state.

The MSMA announced that its medical savings account program for physicians is now being administered by Golden Rule.

MSMA participated in the Careers and Residencies luncheon program for fifth-year medical students at the University of Missouri Kansas City School of Medicine.

The maximum amount per year that could be loaned to medical students from the Missouri State Medical Foundation has been increased from $6,000 to $8,000.

AMA-OMSS has published model medical staff bylaws.

Efforts were made to increase membership in the Young Physicians Section and increase the visibility of the section throughout the state. The YPS planned a "dinner series" covering topics of interest to young physicians, including the AMA's EPEC (Educating Physicians on End-of-Life Care).

Resolution #25 -"Young Drivers" from the 1999 Annual Meeting. The action recommended in this resolution has been implemented with recent legislation passed by the Missouri General Assembly.

Resolution #28 - "Blood Donations from Correctional Institutions" from the 1999 Annual Meeting. The Commission recommended that MSMA abide by the policies set forth by the American Association of Blood Banks and the Food and Drug Administration.

MSMA headquarters continued to receive

inquiries from physicians in response to the radio and billboard advertising campaign, educating Missourians on their health care rights. Also, more MSMA members have requested additional copies of the brochure, "Know Your Health Care Rights," to provide to their patients.

The Council approved the Commission on Continuing Education and Health Manpower's report which contained the following recommendations of accreditation: Kansas City Southwest Clinical Society, Kansas City - four years; MedSourceOne, Joplin - two years provisional; St. Anthony's Medical Center, St. Louis - three years; St. Louis STD/HIV Prevention Training Center, St. Louis - three years; Western Missouri Mental Health Center, Kansas City - three years; Physicians Accessing the Internet Workshop, Jefferson City - four hours Category 1.

The AMA requested nominations for the Board of the new national negotiations organization. Drs. Daniel O'Sullivan, St. Louis, and James Wolfe, Springfield, have been nominated.

The Committee 150, MSMA's Sesquicentennial Committee, presented the following ideas for the anniversary celebration next year.

A. A logo has been developed for the celebration of the MSMA sesquicentennial.

B. The time line for the sesquicentennial will be from January 2000 to April 2001 and will include advertising, special events, and an official "kick-off" and "closing."

C. A commemorative book will be distributed.

D. The Alliance is considering holding its Foundation dinner on Friday evening of the Annual Convention at Union Station in Kansas City, and MSMA will hold its Presidential Inauguration on the following Saturday night at the Westin Crown Center.

The following announcements were made:

- Names of nonmembers of MMPAC/AMPAC will be available at the November Council Meeting.
- It was suggested that a MSMA Planning Retreat be scheduled every three years.
- The Alliance Fall Conference will be held October 19-20 in Cape Girardeau.

Meeting of November 14, 1999, Branson

MSMA announced advocacy efforts regarding contracts that were recently sent to physicians by Blue Cross/Blue Shield, Kansas City.

The Council heard discussions about the Metropolitan Medical Society of Greater Kansas City's involvement with this issue, and to that effect, the Council approved the following resolution:

Resolved, that the MSMA contact the AMA on behalf of the Metropolitan Medical Society of Greater Kansas City in support of Metro Med's request for assistance from the Private Sector Advocacy group, and be it further

Resolved, that the Missouri State Medical Association assist the Metropolitan Medical Society by requesting an inquiry by the Missouri Attorney General and/or the Missouri Department of Insurance into possible unfair insurance practices in the new provider contract of Blue Cross/Blue Shield of Kansas City.

The Council was informed that a Health Practitioner Lien law went into effect on Aug. 28 and the MSMA Commission on Medical-Legal Affairs had recently met with the Missouri Bar Medical-Legal Committee to discuss changes in the peer review statutes.

The Council received the latest version of the Board of Healing Arts' proposed requirements for physicians' medical records. It was recommended that Council members review the proposal and submit suggested changes to staff. The proposal will then be sent to members of the Commission on Interspecialty Medicine for further comments and report back at the January Council meeting.

MSMA Treasurer, Dr. Robert Miller, presented information to the Council on the 2000 budget. The Council approved the budget, which included a continuation of the Health Care Rights Campaign.

Four resolutions were submitted to the AMA Interim House of Delegates: Creation of Model State and Local Society Private Sector Advocacy Programs; the Medicare Prepaid Competitive Pricing Demonstration Project; Expansion of MSAs; and ERISA Exemptions and Association Health Plans.

The Council appointed the following to serve on the MSMA Internet Committee: Drs. Eugene Worth, Columbia, Chair; John Rollo, Gordon Goldman and Greg Galakatos, all of St. Louis; Lent Johnson, Hannibal; David Martin, Chesterfield; and Frederick DeFeo, Kansas City.

The continuation of Dr. Donald McIntosh as the

Regional Coordinator for the Missouri Physicians Health Program in the Kansas City area was approved as well as a request from the Organized Medical Staff Section that MSMA staff contact the chief of staff in each Missouri hospital and request that they name a representative to the OMSS.

The Commission on Continuing Medical Education & Health Manpower announced the following accreditations: Audrain Medical Center, Mexico - three years; Christian Hospital/NE-NW, St. Louis - three years; DePaul Health Center, Bridgeton - four years with commendation; Forest Park Hospital - four years; Heart of America Diabetes Research Foundation, Kansas City - three years; Kansas City AIDS Research Consortium - three years; Kansas City Ophthalmology and Otolaryngology - three years; Kansas City Veterans Affairs Medical Center - two years; Lee's Summit Hospital - three years; Medicus, Kansas City - two years. N. Kansas City Hospital - four years with commendation; Parkland Health Center, Farmington - three years; St. Mary's Health Center, Jefferson City - three years; St. John's Regional Health Center, Springfield - three years with commendation; and Trinity Lutheran Hospital, Kansas City - three years.

A request was received in October 1999 to consider endorsement of the proposed statewide "2000 Medical Education/Public Health" initiative. The goal is to educate health professionals across Missouri, whose primary focus is on the individual patient, and for the health professionals to be aware how they can impact the health of their community. A one-day seminar is proposed to bring together representatives from public health and medical education.

Meeting of January 23, 2000, Jefferson City

President Bill Dorzab reported that letters had been sent to the Missouri Department of Insurance and the AMA regarding Blue Cross and Blue Shield provider contracts in the Kansas City area. President Dorzab stated that MSMA had received a response from the Board of Nursing agreeing with our objection regarding our correspondence regarding the registered nurse anesthetist scope of practice.

The Council nominated Dr. Gordon Jones for reappointment to the Missouri Patient Care Review Foundation Board; and Dr. Jeffrey Copeland for appointment to the MPCRF Board. It was suggested that both Missouri's Medicare Part B medical directors be appointed as ex-officio members. Ms. Sarah Grim reported that the MPCRF passed its 28-month evaluation in 1999. The new sixth scope of work contract will begin on February 1. Funding has been increased and this has allowed the MPCRF to hire several new staff members.

An update was given on MSMA's Health Care Rights Campaign. Copies of the Health Care Rights Brochure were provided to all members of the Missouri General Assembly. Several members of the General Assembly have requested copies for distribution to their constituents.

The Council voted to present the 2000 Citizenship and Community Service Award to Sandra Ahlum, MD, Hannibal; and the Distinguished Service Award to Frank R. Mohs, MD, St. Louis, at the MSMA Sesquicentennial Convention in Kansas City, Missouri, April 6-9, 2000. Dr. Dorzab also announced that the President's Award would be presented to Donald McIntosh, MD, Lee's Summit. The Council approved presenting Legislative Awards to the following at the 2000 Annual Convention: Representatives Glenda Kelly, St. Joseph; Dan Hegeman, Cosby; Deleta Williams, Warrensburg; Carson Ross, Blue Springs.

The Council authorized Drs. Steve Vilmer; William Dorzab; Gordon Goldman; Norman P. Knowlton, III; Carl Kruse, and Mr. C. C. Swarens to vote MSMA's proxy at the meeting of the Missouri State Medical Services, Inc.

The Committee on Legislative Affairs reported that one of the big issues confronting the Missouri General Assembly is the disposition of the tobacco settlement funds. The Committee is working on some additional managed care legislation; will support legislation to provide basic civil and criminal immunity for those involved in well-being programs such as MSMA's Physicians Health Program. MSMA will again support legislation lowering of the legal blood alcohol content from .10% to .08% while driving.

The Legislative Committee voted to oppose legislation that would (a) prohibit the reuse of a patient care device that comes into contact with the bloodstream even it if is recycled and sterilized; (b) add chiropractic services to those covered by Medicaid; (c) place an informed consent burden on mental health providers; (d) require every physician to refer a patient diagnosed with cancer to an oncologist within seven days of diagnosis; (e) allow parents to exempt their children from required immunizations based on "philosophical beliefs;" (f) allow pharmacists to prescribe drugs and modify a drug therapy according to written protocols; (g) authorize independent practice for nurse anesthetists; (h) license naturopaths; (i) repeal the motorcycle helmet law; (j) allow licensed professional counselors to diagnose and treat mental disorders; (k) require health-related professional licensing boards to compile profiling data on their licenses and publish that information on the Internet.

The Alliance Day at the Legislature will be February 29-March 1. Doctors Day will be held on March 30.

The lawsuit brought by the Department of Insurance and the Attorney General regarding the establishment of Alliance Blue Choice was dropped. Under the agreement reached, the Missouri Health Care Foundation will be established and at the present time there is no indication as to the appointees to this Foundation. The Council directed staff to ascertain the procedure for appointment of physicians to the Board of the Missouri Health Care Foundation.

MSMA Delegates focus on the business at hand during the House Session.

Commission on Public Affairs

Managed Care Reform Public Education Campaign

At the 1998 August Council Meeting, it was determined that the Commission on Public Affairs and the MSMA Committee on Governance and Membership would jointly support a public education campaign regarding the new health care laws in Missouri. MSMA agreed to fund $102,000 for the campaign in 1999, which included a public education brochure, a six-month radio campaign featuring 7,856 thirty-second spots, 16 outdoor billboards placed around the state, radio talk shows and news editorials featuring MSMA physicians, and MSMA's website distributing the information on managed care rights.

To date: 20,000 brochures have been ordered by physicians, patients, and lawmakers. MSMA has purchased the following media for its campaign in 2000.

- 14,982 thirty-second radio advertisements will run on 66 Missouri radio stations through MissouriNet, including Springfield, Kansas City and Columbia.
- 16 outdoor billboards from Lamar Advertising will be rotated throughout the state different from last year.
- Outdoor transit media avenues are being used in St. Louis, specifically on buses and the MetroLink.

Health Care Rights Campaign Wins Award

MSMA's Health Care Rights Campaign won its first public relations award from the Missouri Society of Association Executives, presented in December. The Campaign received the "Award of Excellence," the top award in the External Relations Category. Twenty-three various statewide associations competed for the top award in four different categories.

Resolution Status

The Commission discussed two resolutions passed at the MSMA A-99.

Resolution #5 - "Young Drivers"

This resolution was adopted and legislation was passed in August 1999.

Resolution #25 - "Disaster Response Task Force"

MSMA publishes information from the State Emergency Management Agency at regular intervals in Progress Notes and *Missouri Medicine*.

Resolution #28 - "Blood Donations from Correctional Institutions"

The Commission recommended that the MSMA abide by policies set forth by the American Association of Blood Banks and the Food and Drug Administration.

Breast Cancer Brochure and HIV Brochure/ Consent Form

MSMA continues to send out the brochure "A Woman's Choice-Alternatives in Breast Cancer Treatments" and the brochure and consent form "For My Patients, Taking the HIV/AIDS Test" to physicians and medical offices throughout the state. The availability of the brochure has been published in Progress Notes. Distribution and ordering information is also made available through MSMA's Home Page on the Internet.

Media Training-Greene County

Members of the MSMA Public Affairs Commission participated in Greene County Medical Society's media training seminar on September 11, 1999, with various members of the Springfield area media. This training followed MSMA's training seminar held in January.

Future Projects

Future projects that require research may be the "Live and then Give" Organ Donation Program.

Media Enquires and Placements for 1999-2000 include: St. Louis Post Dispatch; Medical Economics Magazine; AMA News; St. Louis Business Journal; Southeast Missourian, Cape Girardeau; Columbia Daily Tribune; Boonville Daily Press; Columbia Missourian; Joplin Globe; Mexico Ledger; Rolla Daily News; West Plains Daily Quill; Kansas City Star; Kansas City Business Journal; Mid-Missouri Business Journal; Springfield Business Journal; Carthage Press; Jefferson City Post-Tribune; Chillicothe Constitution Tribune; Fulton Sun; Springfield News Leaders; Quincy Herald Whig; St. Joseph News-Press; Kirksville Daily News; Sedalia Democrat; KWTO-AM, Springfield; KWOS-AM, Jefferson City; KWPM-AM, West Plains; KOKO-AM, Warrensburg; KELE-AM/FM, Mountain Grove; KTRS-AM, St. Louis; KMBZ-AM, Kansas City; KDRO-AM, Sedalia; KJCF-AM, Festus; KTTS-AM, Springfield; KSLQ-AM, Sullivan/Washington; KXEO-AM, Mexico; KSFT-AM, St. Joseph; and MissouriNet, Statewide.

Commission on Public Affairs: Jim Blaine, MD, Chair; Jennifer Ashby, MD; Diane Brukardt, MD; Michael Bukstein, MD; Nancy Bunge, MD; Don Coonce, MD; Steven Gnatz, MD; William Kapp, MD; Warren Lovinger, Jr., MD; John Lyskowski, MD; Mary Mason, MD; K. Lynn Moritz, MD; Ann Peick, MD; Michael Szewczyk, MD; and Michael Zylka, MD.

Committee on Publications

The ninety-sixth volume of *Missouri Medicine* contained 11 scientific articles which covered a wide range of topics. The journal contained several regular departments including: Editor's Desk, President's Page, Perspective, Health Care Finance, Medical-Legal, Public Health, Legislation, and Practice Management. The specialty quiz section continued in 1999 with contributions from radiologist Roger A. Francis, MD and emergency physician Mark Steele, MD.

The January issue of *Missouri Medicine* continued to provide members with important legislative information and MSMA's financial statements were published in the March issue. The August Membership Directory remains popular as requests to purchase the directory were frequently received.

The MSMA Annual Convention preliminary program was again incorporated into *Missouri Medicine* providing monthly, up-to-date information regarding the Convention. The official program was printed in the April issue and the Convention summary appeared in June.

Missouri Medicine abstracts continues to be published on MSMA's website: msma.org.

Becky Jungermann was announced as the new Managing Editor for *Missouri Medicine* in September 1999.

The Publication Committee and Editor, J. Regan Thomas, MD, appreciates the contributions of the members and others who have submitted material for *Missouri Medicine* with interesting, enjoyable articles focusing on Missouri physicians. The Committee also appreciates the Association's continued support of the journal.

Committee on Publications: J. Regan Thomas, MD, Chair; Philip C. Anderson, MD; John S. Daniels, MD; John C. Hagan, III, MD; and Donald G. Sessions, MD.

Commission on Medical Economics, Third Party Medicine, and Governmental Relations

The Commission met by telephone conference call on November 1, 1999, and considered the following issues:

Resolution #2 - "Coverage for Treatment of Patients Whose Injuries are the Result of Suicide Attempts"
Staff will perform further research on this topic.

Resolution #3 - "Year 2000 Problem"
Staff has received responses from all but three HMOs in the state. All that have responded have indicated they are prepared for Y2K. Staff has also used Progress Notes to publicize the need to test electronic claims submissions with the Medicare carriers. This same information will also be sent to presidents of specialty societies in the state.

Resolution #9 - "Disclosure of Corporate Ties Affecting Formulary Choices and Drug Substitution"
The committee found this resolution to be unreasonable as it is currently written. A suggestion was made to request HMOs to put current formulary information on a website for the benefit of patients and physicians.

Resolution #13 - "Insurance Regulations"
The committee found this resolution to be unreasonable and recommends no further action.

Resolution #14 - "Patient Costs"
The committee recommends MSMA publicize less expensive drugs that may not be part of a formulary yet are a "therapeutic alternate."

Resolution #22 - "Pacemakers"
The committee recommends no further action on this topic until after the system of coding for ambulatory surgery centers has been made. The committee also discussed non-payment for anesthesia for some procedures. Staff will perform further research on this topic.

Downcoding. The committee agrees with the Council that HMOs implementing downcoding software is inappropriate and that payment rules should be disclosed. Staff was asked to gather data on this issue.

Commission on Medical Economics, Third Party Medicine, and Governmental Relations: Jeff Copeland, MD, Chairman; Sam Page, MD; Kathy Lentz, MD; Richard Biery, MD; Michael Bukstein, MD; John Lomax, MD; Jerry Meyer, MD; Jim Rogers, MD; Steve Buie, MD; Bruce Walz, MD; F. Douglas Biggs, MD; Larry Handlin, DO; Tim McIntire, MD; Emil Miskovsky, MD; and Skaukat Thanawalla, MD.

Membership and Governance Committee

Operation House Call
MSMA's Operation House Call was presented in May, June and July 1999. Many comments, compliments, and complaints were offered by members and nonmembers during the Town Hall Meetings. Attendance was not as high as expected. It was determined that both the weekly Legislative Report mailings and the monthly Progress Notes newsletter were very helpful.

MSMA Delinquent Physician Recruitment
MSMA encouraged its Councilors to contact physicians whose dues were delinquent. This project was not successful, as only a handful of previous members signed up for $100. It was decided that delinquents need to be approached by March of the billing year and give MSMA Officers and Councilors a choice of whom they want to contact, using the physician's letterhead and MSMA staff preparing the

mailing. Making component and specialty societies a part of MSMA with appropriate publicity was discussed. Publishing news about each society in *Missouri Medicine* could be beneficial. MSMA membership is also developing a program to work with the non-member database.

Membership Discounts

Membership discount programs were researched and discussed. The membership database currently is not able to record more than two years of dues. Rebates for timely payment of dues was mentioned as a possibility. Peer to peer program might work. If every member brought in just one new member we would/could grow by 100%. (Have asked for Illinois and Kentucky's "Member-Get-A-Member Campaign in the meantime).

Media Campaign 2000

MSMA will continue its media campaign "Know Your Health Care Rights" in 2000 to include:

- 14,982 thirty-second radio advertisements will run on 66 Missouri radio stations through Missouri-Net, including Springfield, Kansas City and Columbia.
- 16 outdoor billboards from Lamar Advertising will be rotated throughout the state different from last year.
- Outdoor transit media avenues are being used in St. Louis, specifically on buses and the MetroLink.

The Health Care Rights Campaign won its first public relations award from the Missouri Society of Association Executives, presented in December. The Campaign received the "Award of Excellence," the top award in the External Relations Category. Twenty-three various statewide associations competed for the top award in four different categories.

Statewide Physician Education Campaign

MSMA needs to alert physicians on how we are meeting their needs. MSMA has a brochure that outlines those benefits which is used when soliciting new members. A possibility of providing colored badges at convention to distinguish new members, specialties and non-members was discussed, to facilitate the welcome between long-time members and new members.

Membership and Governance Committee: Gordon M. Goldman, MD, Chair; Sam Page, MD; Larry Handlin, DO; Karen Zanol, MD; Arturo Montes, MD; Arteso Raborar, MD; David Glover, MD; and Peter Peer, DO.

Commission on Continuing Education and Health Manpower

and

Committee on Continuing Medical Education

The Commission on Continuing Education and Health Manpower met on June 10, August 19, and October 21, 1999.

The Commission members approved the following accreditation actions of the Committee on Continuing Medical Education:
Baptist Medical Center, Kansas City - three years; Independence Regional Health Center, Independence - three years; Esse Health, St. Louis - two years provisional; St. Louis Society for Medical and Scientific Education, St. Louis - four years; Doctors Regional Medical Center, Poplar Bluff - three years; Phelps County Regional Medical Center, Rolla - three years; St. Joseph Hospital - Kirkwood, St. Louis - two years; Capital Region Medical Center, Jefferson City - one year; Kansas City Southwest Clinical Society, Kansas City - four years; Med-SourceOne, Joplin - two years; St. Anthony's Medical Center, St. Louis - three years; St. Louis STD/HIV Prevention Training Center, St. Louis - three years; Western Missouri Mental Health Center, Kansas City - three years; Physicians Accessing the Internet Workshop, Jefferson City - 4 hours, Category 1; Audrain Medical Center, Mexico - three years; Christian Hospital - NE/NW, St. Louis - three years; DePaul Health Center, Bridgeton - four years; Forest Park Hospital, St. Louis - four years; Heart of America Diabetes Research Foundation, Kansas City - three years; Kansas City Aids Research Consortium, Kansas City - three years; Kansas City Ophthalmology and Otolaryngology, Kansas City - three years; Kansas City Veterans Affairs Medical Center, Kansas City - two years; Lee's Summit Hospital, Lee's Summit - three years; Medicus,

Kansas City - two years; North Kansas City Hospital, Kansas City - four years; Parkland Health Center, Farmington - three years; St. Mary's Health Center, Jefferson City - three years; St. John's Regional Health Center, Springfield - three years; Trinity Lutheran Hospital, Kansas City - three years.

The following jointly sponsored activities were also approved: Metropolitan Medical Society of Greater Kansas City, "Physicians Accessing the Internet"May 8, 1999, 4 hours - Category 1 and Missouri State Orthopaedic Association Annual Meeting June 10-13, 1999, - 11 Hours, Category 1.

Commission on Continuing Education and Health Manpower and Committee on Continuing Medical Education members: David Martin, MD, Chair; J. David Auner, MD; Kim Carmichael, MD; J. Thomas Critchlow, MD; David Glover, MD; Richard Heimburger, MD; Loretta Loftus, MD; Aly Mohsen, MD; J. Stuart Munro, MD; Robert Schaaf, MD; Orin Trentham, III, MD; and Mark Winton, MD.

Missouri State Medical Foundation

The Foundation has loaned almost $6 million to Missouri medical students since its inception in 1961. The CPA has again issued an unqualified opinion from the audit of the 1999 financial statements.

In 1998 a new loan program charging 7.8% interest and no fees was introduced to make the Foundation loans more competitive with the non-federal loans available to medical school students. The Foundation has also assisted MSMA members by publishing the "Physician's Guide to Law & Medicine."

The current financial strength of the Foundation is due to the strong support received from the MSMA and the MSMA Alliance. MSMA members were assessed $10 a year until 1987, the Alliance has targeted the Foundation for contributions through Christmas fund-raising efforts, donations in memory of deceased physicians, and bequests from deceased members.

Missouri State Medical Foundation Board of Trustees: Frederick W. Hahn, MD, President; Patrick B. Harr, MD, Vice President; David Wilkinson, MD, Secretary-Treasurer; Donald Fakhoury, MD; Christopher H. Jung, MD; Harold Lurie, MD; Jennifer Page, MD; Robert Schaaf, MD; and Stephanie Womack, MD.

Missouri Physicians Health Committee

Income

Income from participant fees nearly reached the $100,000 mark. We are expecting that during 2000 this will be surpassed.

Fees in 1999 were increased to $110 per month and for 2000 the fee will be $125 per month. A significant number of physicians in the Missouri Physician Health Program have financial difficulties related to their impairment. We provide services regardless of their ability to pay. Those who are financially able are expected to pay their fees and we are pleased with their cooperation.

The total income from hospitals, liability carriers and DeNovo equaled $93,358. Participant fees exceeded this by $4,877. This allows us to say that the participants are paying for half of the cost of the program. We are pleased to have that level of participation.

Special Recognition

Dr. Donald McIntosh completed his second year as the Regional Coordinator for the Kansas City area. He has agreed to continue to serve in this position for the year 2000. He continues to make a significant difference by his service to the Missouri Physicians Health Program.

DeNovo

The support of the Missouri State Medical Association's Alliance through the DeNovo Committee has continued to make a difference to medical families throughout Missouri. This Committee has met faithfully throughout 1999 under the exuberant and determined leadership of Mrs. Gayle Vilmer.

In 1999, the DeNovo Program has provided for support groups and referral and intervention services upon request. DeNovo has assisted spouses and children of Missouri physicians. The DeNovo Program has allowed the MSMA to reach beyond assisting physicians and to provide significant services to the other members of the medical family.

Missouri Physicians Health Committee members: Thomas Anderson, MD, Chair; John Lyskowski, MD; Donald McIntosh, MD; Richard Moore, MD; K. Lynne Moritz, MD; Jo-Ellyn Ryall, MD; Richard Scanlon, DO; and Charles Sincox, MD.

Commission on Medical-Legal Affairs

The MSMA Commission on Medical-Legal Affairs met with the Missouri Bar's Medical-Legal Relations Committee and the Missouri Association of Osteopathic Physicians and Surgeons on November 12, 1999. The following topics were discussed:

1) Common issues concerning confidentiality of impaired physician and impaired attorney programs;
2) The potential of the associations cosponsoring a Medical-Legal Symposium for physicians and lawyers that address issues such as Medicare fraud and abuse and managed care liability;
3) Confidentiality issues associated with the current "Peer Review" statutes; and
4) The need for the Associations to be the catalyst for fostering better relationships between attorneys and physicians statewide.

Commission on Medical-Legal Affairs members: Ted Groshong, MD, Chair; Erol Amon, MD; Kenneth Bennett, MD; Grant Bever, MD; Gregory Branham, MD; James Conant, MD; Joseph Corrado, MD; James Criscione, Jr., MD; Darrell Domann, MD; Ronald Morley, DO; Nicholas Robinson, MD; William Snidle, MD; Marc Taormina, MD; Susan Threats, MD; and Gus S. Wetzel, MD.

Missouri Young Physicians Section

The Missouri Young Physicians Section met via a conference call on October 18, 1999.

During the telephone conference, it was the consensus of the Governing Body that retention and recruitment should be a top priority in 2000 for YPS. Listed below are some of the strategies YPS would like to implement:

1) Creation of a peer-to-peer recruitment program;
2) Update and make improvements to the YPS pull-down screen on the MSMA web page;
3) Young physicians should consistently submit articles regarding issues affecting young physicians for publication in *Missouri Medicine;* and
4) New YPS membership recognition via giveaways (portfolios, tote bags, etc.).

In May 1999, YPS included a survey in *Missouri Medicine* regarding the needs of young physicians. Anyone who completed the survey was eligible to win a $100 gift certificate from Barnes and Noble. Drs. Rebecca Kelley, Thanh Slavek, and Shawn Parker each won a gift certificate.

St. Louis Young Physicians in conjunction with Eli Lilly sponsored a collective bargaining/unions seminar for MSMA's young physicians on November 9, 1999. Approximately 20 physicians attended the program.

Additionally, YPS is preparing to conduct EPEC (Educating Physicians on End-of-Life Care) seminars statewide.

Missouri Young Physicians Section Committee members: Joni Scott, MD, Chair; Mary Vest Mason, MD, Vice Chair & Alternate Delegate to AMA; and Bradley Freeman, MD, Secretary/Treasurer.

Commission on Interspecialty Medicine

The Commission members indicated that the main purpose of this meeting was organizational and to establish timetables for the promotion of specialty programs and events held in conjunction with the MSMA Annual Convention, April 6-9, 2000 at Westin Crown Center Hotel in Kansas City, Missouri. The members also reviewed the Commission charges set forth in the MSMA Bylaws:

The Commission shall be charged with the responsibility of reviewing organizational problems with respect to scientific programs, socioeconomic and legislative matters that affect their particular specialty.

The Commission members were informed that beginning with the 2000 MSMA Annual Convention the meeting site will be alternated between Kansas

City and St. Louis. The next two Annual Conventions will be held in St. Louis on April 5-8, 2001 and March 20-24, 2002. The members were most supportive and it was the consensus of the participants that this would enable them to better meet the needs and interests of their respective members.

The change to holding annual meetings in the two largest cities should enable attendance to be increased to more than 600, with a goal of 1,000 attendees. There was discussion concerning the methods to be used to accomplish this. The specialty societies are crucial to this, because most of the medical and scientific content of the meeting is contained in the specialty meetings. It was proposed that a timetable be developed which will allow the dissemination of the meeting program long enough in advance to allow effective promotion of the meeting to the specialty communities.

MSMA staff was asked to explore the possibility of developing a mechanism to enable Commission members to communicate with each other via MSMA web page, or through a linkserve.

The members identified a need to utilize this Commission as a forum to articulate the problems, concerns, and viewpoint of specialists within the MSMA. The Commission can identify issues which are of particular concern to its component specialty organizations, and could coordinate and synchronize the activities of the specialty organizations in addressing such concerns. This will allow the MSMA to more effectively represent the concerns of its specialist members, yet do so in a way which does not conflict with the concerns of the rest of the membership.

Commission on Interspecialty members: Charles Van Way, III, MD, Chair; Tom Anderson, MD; Jeff Anglen, MD; Michael Chehval, MD; Bernard Griesemer, MD; Merlyn Gibson, MD; Joe Hanaway, MD; George Hruza, MD; David Jimenez, MD; George Kletzker, MD; Michael Korenfeld, MD; James Landgraf, MD; Warren Lovinger, MD; Jeffrey Matson, MD; Marcus McCorcle, MD; Michael Munger, MD; David Ota, MD; Meredith Payne, MD; Thomas Siler, MD; Wes Stricker, MD; Michael Szewczyk, MD; and Martin Wice, MD.

Missouri State Medical Services, Inc.

In 1996, MSMS recommended to MSMA not to establish an HMO and to instead create an MSO (management services organization). Until January of 1999, MSMS was attempting to launch an MSO. The MSO never became operational and at this time all ventures will be pursued directly through the MSMA.

It should be noted that of the several HMOs and MSOs established by state medical societies in the past decade, none are viable today.

MSMS will be considering dissemination of information on how to improve members' practices in the future.

Missouri State Medical Services, Inc. Board members: David Wilkinson, MD, President; Clarence Martin, MD, Vice President; Pat Mills, Secretary-Treasurer; William Dorzab, MD; Jeffrey Copeland, MD; and C. C. Swarens.

Committee on Legislative Affairs

Your Committee on Legislative Affairs met four times during the past year to analyze, discuss, and take positions on the many medically-related proposals that come before the Missouri General Assembly.

This year legislators have introduced nearly 1,600 bills, more than 300 of which would have an impact on the practice of medicine. The MSMA, through its staff and your Committee on Legislative Affairs, considers every piece of legislation and makes recommendations to support, oppose, monitor or amend.

Following, in no particular order, is a brief summary of just a few of the more important issues currently being considered by the Missouri General Assembly. If you have any questions, members of the Committee and MSMA staff are available at this meeting to discuss the issues.

(1) Managed Care/Prompt Pay Reform (HB 1932) - This bill contains a number of excellent managed care and prompt pay law reforms. It is one of MSMA's top legislative priorities this year. Among other things, HB 1932: (1) Specifies that a plan must inform the provider of *any and all* information needed to process a claim when the claim is denied due to insufficient information;

(2) Plans must provide physicians with a receipt - within 24 hours - for all claims that are received; (3) Specifies that third-party administrators are subject to the prompt pay law; (4) Physicians must be allowed at least one year to file claims with a plan; (5) Allows physicians to recoup attorney's fees and legal costs if a prompt pay violation is taken to court and the physician prevails; (6) All-products clauses and hold-harmless clauses are banned; (7) During contract negotiations and upon delivery of the final contract, plans must provide the entire fee schedule, and must inform the physician of any subsequent modifications at least 30 days prior to the effective date of the change. **MSMA Position: Support.**

(2) Tobacco Settlement (Many bills) - In 1998 the Missouri Attorney General signed a settlement agreement with the tobacco industry which will result in the state receiving $6.7 billion over the next twenty-five years. The agreement gives the General Assembly the authority to distribute the funds. More than twenty-five tobacco settlement bills have been introduced, each of which would spend the money in its own way (e.g., on education, highways, Medicaid, tax refunds, child care, research and development, etc.). **MSMA Position: MSMA, as part of a large anti-tobacco coalition, is pushing for as much Tobacco Settlement money as possible to fund tobacco prevention and cessation efforts, and other health care services.**

(3) Pharmacists Prescriptive Authority (HB 1743) - This bill would allow pharmacists to prescribe drugs and modify prescribed drug therapies in accordance with written protocols or guidelines from any practitioner authorized to prescribe drugs. **MSMA Position: Oppose.**

(4) Nurse Anesthetists (HB 1497 and SB 889) - These bills would grant certified nurse anesthetists independent practice authority and allow them to prescribe controlled substances. **MSMA Position: Oppose.**

(5) Naturopathic Medical Doctors (HB 1253) - This bill would grant what amounts to full medical licensure for the so-called Doctor of Naturopathic Medicine. This new practitioner would be allowed to perform surgery, prescribe controlled substances, and provide diagnostic imaging services. Before a person could be granted this license, he or she would have to graduate from a 14-month course of study in naturopathic medicine. **MSMA Position: Oppose.**

(6) Psychologist Prescriptive Authority (SB 949) - This would grant psychologists the authority to prescribe drugs. In order to earn prescriptive authority, the psychologist would first have to complete 300 "contact hours" of instruction, and supervised clinical experience of at least one year and 100 patients seen for medical management. **MSMA Position: Oppose.**

(7) Licensed Professional Counselors (HB 1467) - This bill would allow licensed professional counselors to diagnose and treat mental and emotional disorders and render psychotherapy in the inpatient setting. **MSMA Position: Oppose.**

(8) Radiologic Technologists (HB 1827) - This creates a "Board of Ionizing Radiation Technology" to issue certificates for general radiography, limited radiography, radiation therapy, and nuclear medicine technology. No person could use ionizing radiation unless he/she is certified in one of the aforementioned categories. Physicians, medical students, dentists, chiropractors, podiatrists, and several other providers - but not nurses - are exempt. **MSMA Position: Oppose.**

(9) Physician Assistants (HB 1431) - This bill relates to the supervision of physician assistants (PAs). For several years Board of Healing Arts regulations have allowed PAs to practice at a location separate from that of the supervising physician if certain conditions are first met. Last July a court vacated the off-site regulation, ruling that the Board did not have the specific statutory authority to promulgate those rules. House Bill 1431 was introduced in response to that ruling, and is intended to restore the off-site authority PAs enjoyed up until eight or nine months ago. **MSMA Position: Support.**

(10) Informed Consent (HB 1293) - This bill would place a written informed consent burden on mental health care providers, requiring them to "truthfully inform every patient...of the risks, hazards and relative benefits of all proposed mental health treatments and alternative treatments." This would hold mental health professionals to a different standard than any other class of providers, and create a legal obligation to explain to patients the risks and benefits of *all* alternative treatments.
MSMA Position: Oppose.

(11) Physicians' Health Program Immunity (SB 850 and HB 1857) - These bills would provide basic civil immunity for MSMA's Physicians' Health Program (PHP). PHP is an early intervention program that helps physicians with substance abuse problems, emotional illness, or other issues that prevent them from functioning at their best. There is an urgent need to provide the program with some level of liability protection in the statutes. These bills were introduced at the request of MSMA.
MSMA Position: Support.

(12) DWI - .08% BAC (SB 578, SB 934, HB 1517, and HB 1966) - These bills would make it illegal to drive with a blood alcohol content of .08% or greater. The current limit is .10%.
MSMA Position: Support.

(13) Motorcycle Helmets (HB 1258 and SB 610) - These bills would repeal Missouri's motorcycle helmet law and allow anyone 21 years of age or older to ride a motorcycle without protective headgear. **MSMA Position: Oppose.**

(14) Seatbelts - Primary Enforcement (SB 814, SB 835, and HB 1250) - These bills would allow law enforcement officials to stop a vehicle for failure to obey seatbelt laws. Currently a vehicle must be stopped for some other violation before a citation can be issued for failure to wear a seatbelt. **MSMA Position: Support.**

(15) Direct Access for OB/GYN Services (HB 1607) - This would allow HMO enrollees to seek the services of any participating Ob/Gyn without a referral from a primary care provider.
MSMA Position: Support.

(16) Immunization Exemptions (HB 1538 and SB 905) - These bills would allow parents to exempt their children from the required childhood immunizations based on "philosophical beliefs." Currently the only exemptions available are for health reasons or religious beliefs.
MSMA Position: Oppose.

(17) Hepatitis A and Chickenpox Vaccines (HB 1489) - This bill adds varicella and Hepatitis A to the required childhood immunizations.
MSMA Position: Support.

(18) Genetic Screening (HB 1200 and HB 1835) - These would prohibit insurers, when offering or renewing health benefit plans, from requiring, asking about the results of, or considering the results of a genetic screening test. The bills also prohibit employers from discriminating against employees based on information gleaned from genetic tests.
MSMA Position: Support.

(19) Standard Referral Form and Standard EOB's (SB 614) - This bill would require the Department of Insurance to develop a standardized Explanation of Benefits form that all insurers must use, and a standard, uniform referral form that all insurers would be required to accept.
MSMA Position: Support.

Committee on Legislative Affairs members:
Jerry D. Kennett, MD, Chairman; David O. Barbe, MD; A. J. Campbell, MD; Octavio Chirino, MD; Linda L. Dorzab, MD; William E. Dorzab, MD; Robert T. Gibbons, Jr., MD; Gordon M. Goldman, MD; Deborah A. Jantsch, MD; Betsy Jelley; Norman P. Knowlton, III, MD; Carl R. Kruse, MD; Robert N. Miller, MD; K. Lynne Moritz, MD; Beverly Murrell, MD; Robert O. Schaaf, MD; Thomas C. Sparkman, MD; Stephen E. Vilmer, MD; Robert P. Wankum, MD; David Wilkinson, MD; and James B. Wolfe, MD. MoMed

Exhibitors & Contributors Help Make the MSMA Annual Convention Possible

MSMA physicians, residents, medical students, guests and spouses take advantage of the intermission to visit with the exhibitors who take this opportunity to enhance the value of their products, services, and technological and scientific advances.

Special thanks to all who exhibited during our 150th Year Annual Convention.

Acute Care, Inc.
Ask, Inc./Northwest Missouri Medicare
AutoFlex Leasing
Dodson Group
Dynamic Data Systems
Eli Lilly and Company
Forrest T. Jones & Company, Inc.
GlaxoWellcome, Inc.
GTE Data Services
Healthcare Insurance Services, Inc.
Medars 2000+
Medical Assurance, Inc.
Medical Employment Directory, Inc.
Merck Human Health
Missouri Department of Health
Missouri Medicare Services
Missouri Patient Care Review Foundation
Missouri State Medical Foundation
Missouri State Medical Services, Inc.
MSMA Alliance
Ortho-McNeil
Ovid Bell Press
Parke-Davis
Purdue Pharma, L.P.
Research Solutions, L.C.C.
Schering Corporation
Solvay Pharmaceuticals
Takeda Pharmaceuticals American, Inc.
The Keane Insurance Group, Inc.
The Medical Protective Company
U.S. Air Force Reserve
Wyeth Ayerst Pharmaceuticals

Physician Honored for Community Service

Dr. Sandra Ahlum, Hannibal, received the Missouri State Medical Association's 2000 Citizenship Community Service Award at MSMA's 142nd Annual Convention. The award recognizes a physician who have the extraordinary gift to reach beyond the practice of medicine.

Dr. Ahlum has contributed to the community of Hannibal far above the call of duty through her work with the local CHART initiative, which stands for Community Health Assessment Resource Team. She has chaired the CHART Teen Task Force since its inception in May 1995. Since that time, it has evolved into a collaborative coalition representing parents, students, health care providers, the local hospital, the Northeast Missouri Medical Society, the county health department, the family planning clinic, schools, churches, University Extension, and the YMCA.

Under Dr. Ahlum's leadership, the Teen Task Force has promoted responsible behavior in teens and encouraged communication within families, peer programs, and community support to decrease the rate of teen pregnancy and sexually transmitted diseases in the seven-county Northeast Missouri target area. Although at first it was met with some resistance, through Dr. Ahlum's leadership the CHART Teen Task Force has slowly gained community acceptance and support. She was able to obtain monetary support for programs of the task force from local citizen groups and pharmaceutical companies.

Some of the programs include YMCA education programs drawing more than 500 teens and families; sponsoring a motivational speaker to present AIDS education to school assemblies; providing resource materials for the library for teachers, parents, and church youth groups. The library also contains pregnancy simulators called Empathy Bellys, and an infant simulators, called Baby Think It Over Dolls.

Dr. Ahlum also encouraged the Marion and Ralls county health departments to request funding from the Department of Health for funding for the "Postponing Sexual Involvement" curriculum. Both the Palmyra and Hannibal Middle Schools and Monroe City Junior High School have participated.

Sandra Ahlum, MD

Dr. Sandra Ahlum, Hannibal, was honored for giving of her time to reach beyond the practice of medicine.

In 1996, Dr. Ahlum accepted an award from Governor Carnahan from the CHART Teen Task Force for Progressive Prioritization and Strategy Development.

Dr. Ahlum continues her work and has taught sexuality education classes for middle school youth and parents at the First Christian Church in Hannibal. In addition, Dr. Ahlum has volunteered as Medical Director of the Northeast Community Family Planning Clinic since 1989. MoMed

2000 Recipients of the 50-Year Physician Pin

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Dr. Dorzab presents Thomas Macdonnell, MD, from Marshfield his 50-Year Physician Pin.

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Delegates	156
Members	129
Exhibitors	80
Staff	11
Guests	135
Officers	10
Councilors/Vice	30
Alliance	88

Total Registration . . 625
(actual numbers will not balance due to overlaps in positions served)

Alliance President Beverly Murrell's Address to the MSMA House of Delegates

Good afternoon. My name is Beverly Murrell, and I am President of the Missouri State Medical Association Alliance.

In 75 years this organization has changed. Or has it? In 1924 a group of physicians' spouses believed it could make a difference in its community. How? Through education and awareness of health issues affecting medicine, spouses could support efforts to protect the standards and objective of this profession.

This year the Alliance celebrates its Diamond Jubilee. It is interesting to look back at its beginnings 75 years ago when the president circulated a letter for membership. Members came from 60 Missouri counties, and the Missouri State Medical Association Auxiliary was born.

Change is the name of the game in such an organization. Change is a given over a period of time.

Governments change. Climates change. Environments change. People change. Times change. But the Alliance, as it became known when it changed its name in 1995, continued to support the families of medicine, their communities, and health for the citizens of the state.

Over the years the Alliance was involved in socialized medicine debates, health care access for the uninsured, parenting programs, alcohol and drug abuse problems, mandatory seat belt legislation, AIDS education, breast cancer awareness education, managed care reform, and organ donor education. Change? Sounds a little familiar to me.

In the Alliance's 75 years of success through service, three foci continued throughout:

Number one, advocacy for the profession of medicine and the patients served;

Number two, education of the community in regard to health, safety, and issues about the protection and education of children;

Number three, the promotion of responsible legislation.

Today we see those three areas emphasized in Alliance chapters all over the state. For example, Greene County Alliance had a Forty and Forever breast cancer initiative. Five hundred no-cost, first-time screening mammograms were made available to women in the area. Physicians, hospitals, the American Cancer Society, radio and television stations, all donated time and thousands of dollars to create public awareness of breast cancer.

This project earned the Southern Medical Association's coveted George D. Feldner Award.

Boone County Alliance, in partnership with TV Channel 17, McDonald's restaurants, and Boone Hospital, held a month-long SAVE poster contest for children. SAVE stands for Stop America's Violence Everywhere, which we are trying to do.

The Buchanan County Alliance targeted SAVE at public and private schools. Its breast cancer campaign is in its fourth year. Membership increased there to 85 members.

Down in southeast Missouri the Butler-Wayne-Ripley-Carter County Alliance focused on one major project, which included the Baby Think It Over Program.

Clay-Platte County Alliance took a stand toward violence in the media by volunteering to work the phone lines for Kansas City public television's auction.

The Cole County Medical Alliance increased membership and printed the *River City Recipes* cookbook. It also sponsored the SAVE program and an organ procurement program.

The Jasper-Newton Metro. Alliance sponsored the Baby Think It Over program.

For those of you who might not know, the Baby Think It Over is a simulated baby put in schools where there are at-risk students who might think it over after carrying this baby around to class with them everywhere for a while.

Let's see, Jasper-Newton also had Save a Life CPR classes.

Kansas City Metro. Med. distributed 300 black and blue knots throughout the community to remind people what violence does to individuals and families. The group also promoted a mom and tots program.

The St. Louis Alliance program included Hands Are Not For Hitting and support for the Missouri Coalition to Prevent Violence.

The Tri-County Alliance, which includes Franklin, Gasconade and Warren Counties, donated Hands Are Not For Hitting placemats to area restaurants. But the favorite community service event there is the Adopt A Family Project.

These Alliance chapters across the state contributed much time to many more programs than I've mentioned here. We should all give them a hand for what they do.

Alliance membership is a concern. In its peak decade in the 50s, there were nearly 2,000 members, almost twice as many as there are now.

Let me ask you in this room: How many of you have spouses who are members? If he or she is not, that spouse can join for the price of a small trip to the grocery store.

"Now is the time to make healthy choices" was my theme for this year. And a good healthy choice for you is to get your partner signed up. As a doctor and a spouse, I encourage you to stop by the MSMA Alliance booth now or after this meeting and pick up membership information.

On another note of history, in 1946 the Missouri State Medical Association passed a resolution to form a national student loan program and forwarded this resolution to the AMA. Eventually, it was adopted in the AMA Education Research Foundation, fondly known as AMA ERF for sometime. It is celebrateing its 50th year this year.

In that 50 years, the Foundation has raised millions of dollars through the fundraising efforts of each state society's alliance.

Missouri's Alliance is hosting its annual fundraiser and silent auction tomorrow night. Be sure to attend. It's going to be here and not at Science City as it was scheduled on the program.

I cannot tell you how exciting my year as Alliance president has been. I have traveled statewide visiting all the county Alliances and surveying their projects.

As we know, the next 75 years will bring change. We know that the Alliance will be right there with it.

It is my pleasure to introduce you to our next speaker. Ann Hansen is the American Medical Association Alliance President. Ann is here today as our guest at the MSMA Alliance. She truly embodies what today's Alliance represents.

She's active in her local community of San Luis Obispo, California, as a volunteer for the local American Cancer Society chapter and Central Coast Funds for Children.

She recently received the 1998 California Medical Association Foundation Annual Recognition and Commendation Award for outstanding community service in improving the health of her community.

She was also recognized for her outstanding contributions towards a tobacco-free California by the year 2000, by the the California Medical Association and Governor Wilson. Her husband, Steve, practices in internal medicine.

Please welcome Ann Hansen. **MoMed**

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BEEF

Installation of Eileen Chalk 2000-2001 MSMA Alliance President

If you would please pick up your installation program, for just a moment.

Looking at it, maybe the bold colors jump out at you. Or the phrase, "buzzing with new ideas."

Personally, I relate to that bee. Busy, busy, busy.

Not to sound like a disgruntled soccer mom, but sometimes it gets ridiculous, doesn't it?

You know the routine. Rev up the SUV. Make the rounds to soccer and basketball and dance and chess. Duck into a meeting—the third of the week. Get assigned to a subcommittee that plans to meet *next* week. Pick up one tiger cub and two of his rowdy tiger cub buddies, an 11-year-old tap dancer that's miffed because I was late—and filled the car with rowdy tiger cubs—and a tearful chess player who just found out he needed his permission slip filled out *yesterday*. Squeeze in a hurried dinner; make a few more chauffer runs, be the homework cop. Then call it a day.

And where is my spouse while all of this is happening?

You guessed it.

ON CALL, in the E.R. or at yet another appointed hospital committee meeting.

Oh yes, I definitely can relate to this little bee right here. Busy, busy, busy. Buzzing around and around in circles. Notice you only see one bee buzzing around in circles. The other one, of course, is away navigating his way between a busy practice and an array of meetings often unrelated to patient issues.

You've been there. Done that. Because, when you marry a physician, you marry a lifestyle. Sometimes, it's like single parenthood with a marriage license. But if you're like me, you wouldn't have it any other way.

I want to sincerely thank each and every one of you for taking the time to be here today. Because I know there are other places you could be right now—and probably will go once you leave here.

Still, you chose to be here. As your new president, I see that as an honor, a responsibility and an opportunity. As leader of the state alliance, it is my task to help make this organization worth every minute you devote to it—and, hopefully, much much more. It is my task to work with all of you to boost our membership—not by begging, pleading or coaxing other physician spouses to sign up, but by making this such a vibrant organization, with such a clear purpose and benefit, that they will *want* to sign up.

Eileen Chalk was sworn in as the 2000-2001 MSMA Alliance President by Ann Hansen, AMA Alliance President.

Over the past few decades, the health care industry has been completely transformed into something no one would have ever predicted twenty years ago. Our overall culture—the fast-track family lifestyle—is vastly different than it was when my husband graduated from medical school in 1985. Over the past few decades, our state alliance membership has declined from 1,500 in the 1980's to 765 today.

That's why, we need to be "buzzing with new ideas," so that we can adapt to the continuously changing environment around us.

Because I can tell you one thing—there are some out there who aren't taking a minute to rest. The HMO's and health insurance lobbyists. The trial lawyers. The gun lobbies. The child abusers and the drunken drivers and all of those whose actions harm the very lives our spouses work so hard to better. They aren't resting. Neither are diseases like breast cancer, heart disease and diabetes.

We are all sitting in this room today with one common bond. Health care. When we have our health, we go about our daily busy routines without giving it much of a second thought. But when we lose our health, when it is imperiled—nothing else matters. The soccer game or the committee meeting that was so important to us just days or weeks before becomes literally meaningless. Health is the one and only issue that affect every single person living on this earth—rich or poor, black or white, urban or suburban. It is the great equalizer, humanity's most humbling force.

Because our spouses have committed their lives to this most critical aspect of life—the moment we said "I do," we committed to it, too.

There is no one besides physicians themselves who better understands the changing legal climate, stresses and challenges physicians face, than we—their spouses.

There is no one who better understands how doctors' lives are directly affected by the HMO's and their regulations, than we—their spouses. There is no one besides health care providers who better understands the power of education in improving overall health, than we—their spouses.

And there is no one who better understands what a challenge it can be—how lonely, frustrating, and exhausting it can sometimes be to be a physician's spouse—than the people sitting in this room today.

This is why we are all here today. This is why there need to be many, many more of us.

As president of the Alliance, I've outlined a few goals that I believe can make our organization stronger, bigger and more effective than ever.

My first goal is to enhance communications between the state and county alliances through the monthly publication of "What's the BUZZ," a newsletter to include information from national and state meetings attended. In addition, minutes from state board meetings will be mailed to board members following state meetings—so that, hopefully, we can build upon each other's strengths, sharing our ideas and resources.

My second goal is to offer more personal enrichment and development opportunities—to provide the kind of practical leadership training and skills which can strengthen our county alliances, as well as the communities we call home.

My third goal is to expand the agenda of the three state level meetings. I plan to include the types of speakers and programs, which currently make the national meetings such a worthwhile and enlightening experience.

Finally, my goal is to nurture a community of people who know what it really means to be a "physician's spouse." Who know what it means to hear the pager go off at the same time as the oven timer. Who know the pressures a physician's lifestyle exerts on the rest of the family. Who know exactly what it means to have patients come first.

With vision, ideas, energy and commitment—we can do it. With the help of all of you sitting here today, and of those you go out and recruit as active members—we can do it. We can move the Alliance into the twenty-first century transformed, energized and ready to meet the challenges of a new millennium.

In its 75 years, our organization has always been at the forefront of medical trends. In the 1920's, our predecessors started up health care and immunization clinics. In the 50's, they organized debates on the pros and cons of socialized medicine and prepaid healthcare plans. In the past decade, the Alliance has confronted critical issues like domestic violence, anti-tobacco legislation and managed care reform.

As we stand at the very beginning of a new century, we face an ever-changing world of medicine. Medical advances and cures far outpace our society's ability to devise a means to pay for them. In the modern day medical practice, there are more people in the office digging through the mountains of insurance paperwork, as there are taking vital signs.

As our spouses are busy practicing medicine, the forces of our legislature, our corporations and our culture are all too often working against them. That is why they need us. That is why our children and grandchildren need us. That is why our communities need us.

And that is why we need to make this the year that the Alliance grows and strengthens to face the challenges that lie ahead of us.

In a busy, busy life, few causes are more worthy than this! **MoMed**

Sinus Bradycardia Secondary to Mitoxantrone

Kirk Chan-Tack, MD

CASE REPORT

The patient was a 73-year old Caucasian woman with acute myelogenous leukemia, M4 subtype, who was admitted to our hospital for induction chemotherapy. Her past medical history was notable only for glaucoma. The only outpatient medication was topical timolol, which the patient had been using for ten years without complications. On admission, her blood pressure was 106/80, heart rate 84 beats/minute, sinus rhythm. Physical examination and laboratory studies were unremarkable. Electrocardiogram showed normal sinus rhythm; an echocardiogram performed prior to initiation of chemotherapy was normal. On day two of mitoxantrone therapy, the patient developed sinus bradycardia, with heart rates decreasing to a nadir of 30-40 beats/minute. This was further documented by electrocardiogram and continuous telemetry. The patient remained completely asymptomatic throughout, with no signs of hemodynamic compromise. An electrophysiologist was consulted. After reviewing the case, the conclusion was that the patient's bradycardia was secondary to mitoxantrone and that this condition would resolve upon completion of chemotherapy. This assessment was validated when the patient's heart rate returned to normal six days after mitoxantrone infusion was completed. She was eventually discharged from the hospital without additional complications and remains clinically stable through three months of follow-up.

The conclusion that this patient experienced only the third case-report of mitoxantrone-induced bradycardia in the medical literature[1,2] is based on the following rationale. First, the patient had **no** previous history of cardiac disease. Second, while topical timolol *can* cause sinus bradycardia in some patients,[3,4] this patient had **never** experienced sinus bradycardia during ten years of daily use of this glaucoma medication. The patient had been maintained on the same dosage of timolol (timolol XE 0.25%, one drop daily) for the past eight years, so there were no concerns about recent dosage increases. Third, the onset of sinus bradycardia two days after mitoxantrone was started is highly suggestive of a drug-effect. The likelihood of drug-effect is further enhanced by the observation that the condition resolved after the drug was discontinued. Fourth, two similar cases of mitoxantrone-induced sinus bradycardia have been previously reported in the literature.[1,2]

Anthracyclines are more commonly associated with sinus tachycardia.[5] In all three cases of mitoxantrone-induced sinus bradycardia, the patients were asymptomatic and hemodynamically stable. The resulting bradycardia was benign, self-limited, and resolved without complications upon completion of mitoxantrone therapy. The pathogenesis of mitoxantrone-induced sinus bradycardia is multifactorial. Probable mechanisms include disturbances in myocardial adrenergic function, release of vasoactive amines, induction of inflammatory cytokines, and generation of free radicals.[2,5] Although disconcerting to patients, physicians, and nurses alike, these observations suggest that close monitoring and patient reassurance are all that is necessary in dealing with this rare side effect.

References:

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In The News

Peggy Barjenbruch, MD, *Mexico*, was recently appointed by Gov. Mel Carnahan to the Drug Utilization Review Board. Dr. Barjenbruch is one of the 13 members who serve a four-year term on this board. The mission of the Drug Utilization Review Board is to enhance the quality of patient care and financial prudence in the use of pharmaceuticals under the Medicaid program: Established measures of quality based criteria based upon current clinical information; Prospective and retrospective identification of potential problems in drug therapy that may result in adverse patient outcomes; and Education targeted to health care providers on appropriate drug therapy.

Rob Hornstra, MD, *Kansas City*, medical director of Western Missouri Mental Health Center, has been appointed as Associate Dean for Western Missouri Mental Health Center at the University of Missouri-Kansas City School of Medicine.

Henry J. Kaplan, MD, *St. Louis*, professor of ophthalmology and visual sciences at Washington University School of Medicine, has received a four-year $2,730,000 grant from the National Eye Institute for a project titled "In Vivo Imaging in Autoimmune Uveitis."

J. Stuart Munro, MD, *Kansas City*, assistant professor and director of education for the Department of Psychiatry, has been appointed as interim chair of the Department of Psychiatry at the University of Missouri-Kansas City School of Medicine. Dr. Munro formerly served as interim dean of the School of Medicine and as acting associate dean for academic affairs.

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In Memoriam

Edmund S. Beckette, MD, 83, *St. Louis*, died March 25, 2000. He was a retired ObGyn.

Samuel J. Byland, MD, 94, *Wellsville,* died March 5, 2000. He was a retired general practitioner.

Eliseo Figueroa, MD, 56, *St. Louis,* died April 11, 2000. He was an internist.

Alden P. Sargent, MD 88, *Sikeston,* died February 15, 2000. He was a retired general practitioner.

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22 thru 24 - *Kansas City:* Recent Advances in Medicine. 17 credit hours. Call Bob Kelly, Baptist Medical Center Foundation 816-276-7517.

23 thru 25 - *St. Louis:* Frontiers in Endourology: 2000. Call Washington University 314-362-6891.

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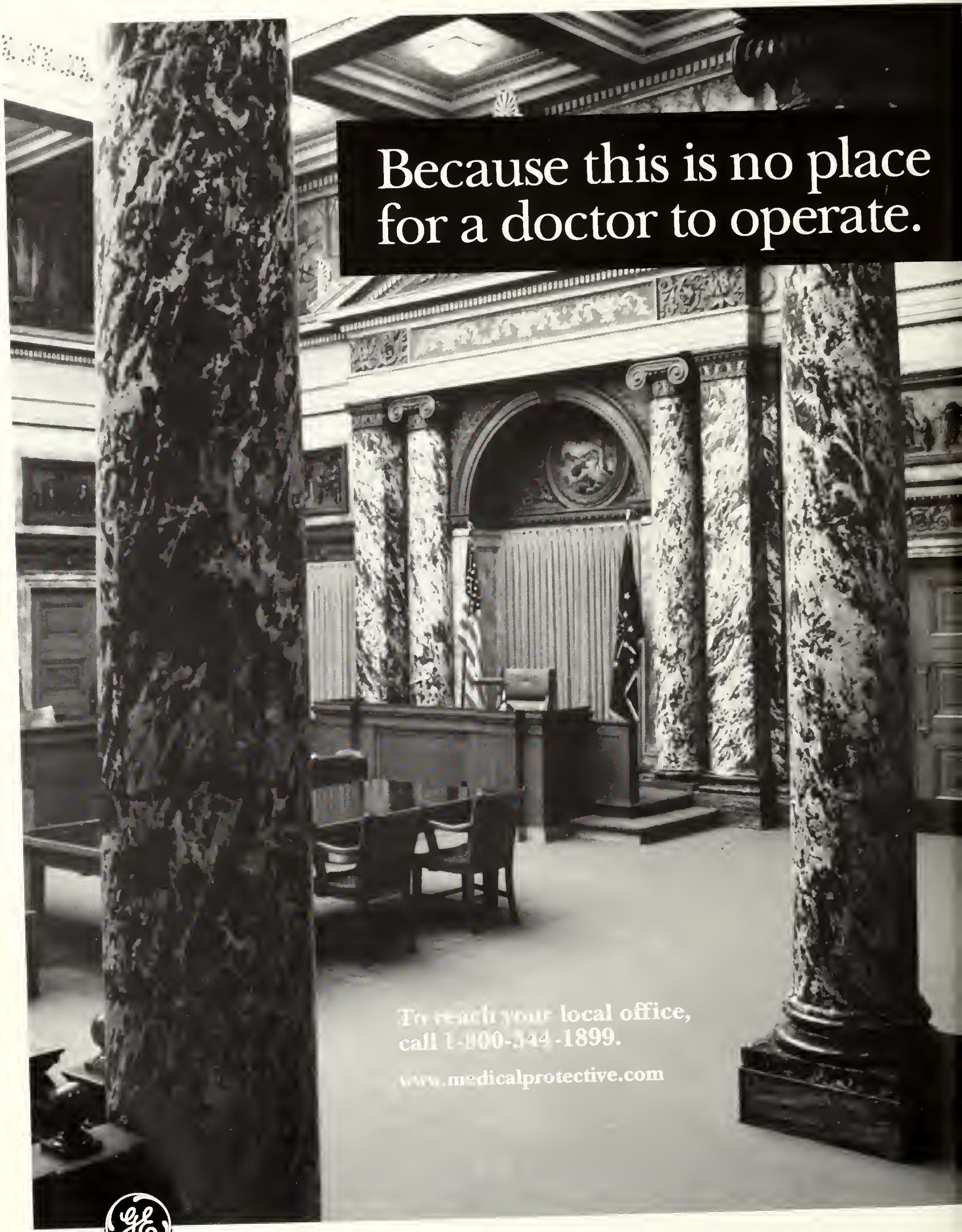

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Where Should We be on the List?

J. Regan Thomas, MD

Recently a report demonstrating the average healthy life expectancy by nation was widely distributed. The most news worthy component was that the United States was not near the top. In fact thy were behind Japan for example, and many others by several years.

Many found the significance of the study puzzling, due to the seemingly minimal difference in years separating the countries at the top of the list from those which were in more mediocre mid-level positions (including the U.S.). The top countries had an average life span over approximately 72 years while the U.S. averaged in the 70 year range. Statistically that difference is significant and of course the additional years of healthy life span are not simply tacked on the end of the life period. Instead it represents healthy days of life throughout an entire life span.

The real issue for many is that the U.S. as the nation that spends more than any other country on healthcare was not at the top. The country that not only spends more for its care, but also boasts that is possesses the best level of healthcare in the world did not perform well in the comparison. It reminds me of the criticism leveled at some of the baseball teams that pay the highest salaries but do not win the league pennant or the World Series.

The reason for this discrepancy is evident when you remember that these figures are an average for the U.S. population. If you look at only the upper 5% of the U.S. income demographic, indeed they are among the healthiest in the world and their representative health life span years would be at the top of the list. Similarly, if you look at the bottom 5% of the U.S. demographic, they rank below many of the third world countries. That gap in the difference between the top of the U.S. population and the bottom groups is so great that the average puts the U.S. overall in a lower position than might be expected.

The obvious need that this comparison brings to light is the search for a solution to improve health and life expectancy for the bottom 5% in the U.S. As that group begins to approximate the health (and healthcare) of the upper echelon, the entire picture of the U.S. health will be reflected more positively.

Figuring the comparisons and what they really mean is the easy part. Now comes the difficult work: how to fix the problem of that 5% on the lowest end of the scale. It frequently brings up the discussion about the pros and cons of formalizing a two tiered system which provides a formalized level of healthcare for specific groups based on income or other criteria as inherently unfair and that all the population should fall into a single plan. Others argue that those who need help from society should have it available to them regardless of ability to pay, while those who can afford to pay for care and wish to do so should be free to explore all possibilities available. This same group would argue that there is already a two tiered system in this country and the problem is that the lower echelon group simply does not have enough support at this time.

The problem is of course broader than these generalizations. Much of the problem is societal in terms of health as it is related to lifestyle (including diet, smoking, drug use, etc.). Many of the other countries of the world are much less diverse than the population of the U.S. They have a more homogeneous population in terms of culture, income, diet and lifestyle, making it perhaps easier to develop healthcare of a "one size fits all" type. At any rate, the solution in the U.S. will be more complex as is reflective of our more complex population and society. Still, the reality is that the country with the best healthcare in the world should be doing better in some areas. Solutions must be developed to put the U.S. at the top of the list where most of us feel it should be. **MoMed**

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Dear Cork:

The purpose of this letter is to respond to MSMA's questions about the redaction of peer review member names from peer review records subpoenaed by the Board of Registration for the Healing Arts (Board).

This question has been raised as part of a discussion regarding the Board's use of a subpoena to obtain peer review records during an investigation, Chapter 537.035.6 R.S.Mo Supp. 1999 authorizes the Board to subpoena peer review records. Typically, the Board subpoenas these records in response to notification that a hospital has taken some type of reportable action against a physician. The peer review records obtained by the Board may include minutes from meetings of various peer review committees. Many times these minutes, as well as other peer review records, include the names of the peer review committee members.

The Board will accept peer review records with the names of the peer review committee members redacted, subject to the following condition. The Board retains the right to seek the names of committee members in its initial subpoena or in any subsequent subpoena if the Board finds the names are pertinent to the investigation. Ordinarily, this will not be the case. However, situations may arise where the Board will determine that it needs such names to assist in its investigation.

In an effort to alert recipients of subpoenas for peer review records that the Board is willing to accept records with committee member names redacted, the Board has issued the enclosed statement. The statement will accompany all subpoenas seeking peer review records, except those subpoenas where the Board feels that it needs the names of the committee members.

It is the Board's hope that this clarifies the Board's position regarding the redaction of committee members names. If you have any questions, please feel free to contact me.

Sincerely,

Tina Steinman
Executive Director
State Board of Registration for the Healing Arts

Statement Regarding Redaction of Peer Review Committee Member Names

The Board of Registration for the Healing Arts has issued the attached subpoena to your organization in order to obtain the peer review documents listed on the subpoena, pursuant to authority given the Board in §537.035.6 R.S. Mo Supp. 1999.

At this time, the Board will accept the subpoenaed records with the names of peer review committee members redacted or otherwise blacked out. The Board retains the right to seek copies of the records with the committee member names at a later point. In such a case, the Board would issue another subpoena seeking the pertinent peer review records with no redaction or names blacked out.

If you have any questions, please feel free to contact the Board's office in Jefferson City, Missouri at (573) 751-0098.

Dear Mr. Swarens,

I am pleased to inform you that the Centers for Disease Control and Prevention (CDC) has approved our application to renew the St. Louis STD/HIV Prevention Training Center for another five years. Thank you so much for your support of this project. I am sure that the grant review process was aided immeasurably by letters of support such as yours, which demonstrated the continuing need for this program within our region.

Over the next five years, we look forward to providing state-of-the-art STD clinical services education and training for healthcare providers throughout our four-state area. Please call on me at your convenience for information or assistance which can help us enhance STD clinical service delivery and prevention efforts. And thank you again for your support of our training program.

Sincerely,

Bradley Short, MD, PhD
Assistant Professor
Washington University School of Medicine

I AM A Believer (Part 2)

Gordon M. Goldman, MD

Last month, *Missouri Medicine* published my inaugural address titled, "*I AM A BELIEVER*." In those remarks, I expressed my confidence that we can, "if only one grain of sand at a time," make positive change for the future of our patients and our profession. And, when all the grains of sand are put together, we will find mountainous change has occurred.

What I failed to point out, however, is that sometimes we are able to move pebbles, rocks, boulders and yes, sometimes even giant slabs of granite, at one time. At those times, the mountain is moved much more quickly.

Today, I would like you to know about a boulder that was recently moved. Current Missouri law does not require physicians to carry medical malpractice insurance unless they are on the medical staff of a hospital located in a county with a population of 75,000 or more. In those cases, the minimum coverage is $500,000. For reasons that have never been very clear, some managed care organizations have insisted on much higher, and much more expensive, limits of $1MM/$3MM in order to participate in their panels. The premium difference of the two limits can be as much as $3,000 to $7,000 depending upon the physician's liability classification.

Recently, Alliance Blue Cross Blue Shield of Missouri joined in on this practice. However, when questioned as to the rationale of this new and more expensive requirement for its participating physicians, the answers were "fuzzy" (not to be confused with "warm and fuzzy") at best.

When the question was asked of Dr. John Seidenfeld, Sr. Vice President and Corporate Medical Director of ABCBS (a SLMMS and MSMA member), he stated this was a decision made prior to his arrival at ABCBS. However, he said he would investigate the matter and report back. True to his word, he did research the facts surrounding this issue and indeed, did discover there was not any factual basis for the policy of requiring the higher limits. Again, to his credit, even before reporting back to the committee investigators, Dr. Seidenfeld directed his staff to publish a retraction of the policy change in their provider newsletter (a boulder was moved). This is really good news for physicians concerned about rising overhead costs, especially in times of dwindling reimbursements.

Not only did Dr. Seidenfeld make an honest evaluation and reversal of the policy, he went further. He initiated a meeting with representatives of SLMMS to work out a "logical process" based upon relevant factors for future assessment of liability requirements, agreeable to both sides of the issue.

Now, word on the street is that United Health Care of the Midwest is considering following this example (another boulder may be moved). The rumor is confirmed by statements from Dr. Seidenfeld that he has been approached by UHC to examine the "logical process," and by Dr. Steve Spurgeon, Medical Director of UHC (also a member of SLMMS and MSMA), that his administrators also agree with the proposed changes. If indeed ABCBS and UHC (about 70-75% of the managed care market) both agree that the process is valid and reduce their medical liability requirements, what possible reason could the remaining 25-30% of the managed care market plans have for requiring the higher limits? Why would they not all follow suit? I think it inevitable that they will (a giant slab of granite would be moved).

It is this kind of movement by being actively involved in medical society membership at the local and state levels, that make me say, "I ***am*** a believer." **MoMed**

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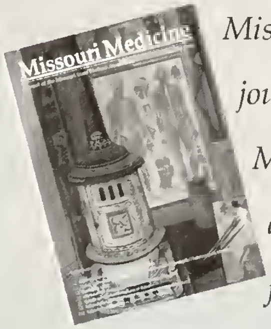

Missouri Medicine, the monthly journal of the Missouri State Medical Association, is seeking artwork to be featured on the front cover.

If you are interested in submitting your work for consideration, contact:

Becky Jungermann, Managing Editor 573-636-5151,

send an email to bjungermann@msma.org

or write to Missouri Medicine, 113 Madison Street,

PO Box 1028, Jefferson City, MO 65102.

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Recognition of Members

If you or a colleage have recently been recognized, send a short paragraph to *Missouri Medicine.* Please indicate who, what, when and where with a brief description of the recognition.

S.A.V.E. is a Team Effort When Solving the Violence Puzzle

Carol Jean DeFeo, MSMA Alliance Vice President of Membership

Violence comes in many forms: street violence in communities, family violence in homes, youth violence in schools or peer violence in the workplace. Witness it in scenes on television, in current release films, in video games and on the front page of almost every newspaper.

The devastating effect of violence on the emotional well-being of the individuals, families and communities experiencing it cannot be realistically measured. The dollar costs in medical expenses from the physical effects of domestic violence incidents increase yearly according to AMA statistics.

To combat the layers of the nation's violence, the AMA Alliance launched **SAVE**: **S**top **A**merica's **V**iolence **E**verywhere in 1995. Central to the program is *SAVE Today* held on the second Wednesday in October. It has been the impetus for Alliances across the country to develop more than 600 year-round antiviolence programs aimed at assisting victims of abuse, teaching conflict resolution skills and educating the public.

SAVE

STOP AMERICA'S VIOLENCE EVERYWHERE

American Medical Association Alliance, Inc.

Missouri county alliances are promoting educational programs to increase awareness of violence to its own members, the general public and the medical profession. The Medical Alliance of the Metropolitan Medical Society of Greater Kansas City distributed 5,000 hot line posters for display on bulletin boards and the backs of restroom doors, in doctor's waiting rooms and libraries letting victims of domestic violence know that *No One Needs To Go It Alone* if they are a victim. Greene County Alliance, as part of a Doctors' Day Project, raised over $16,000 in donations to help produce a guide book for physicians and other health care professionals on identifying and treating family violence. Jasper-Newton Metropolitan Medical Alliance provides local high schools with *The Baby Think It Over Program*, an experience for young adults that simulates the parenting of an infant with its emotional, financial and social consequences.

Alliances and medical societies work together on **SAVE-A-Shelter Program** by adopting abuse shelters, transition homes and rape crisis centers in local communities. This program enables physicians to more comfortably refer individuals for assistance and treatment.

In 1999-2000, the **SAVE Program** addressed situations that threaten the health and safety of America's children in schools. School violence is often thought of in terms of guns. However, it takes on many forms, from name calling and bullying to pushing and fighting. With its **SAVE Schools from Violence Program** the Alliances' efforts focus on opening the lines of communication within schools by encouraging students to verbalize their thoughts and fears regarding violence. Ann Hansen, AMA

Alliance Immediate Past President, encouraged alliances across the country to "stand up and show our children that we are willing to fight for their right to learn in a safe environment."

To this charge, alliances throughout Missouri are using *Hands are NOT for Hitting* placemats and the *I Can Choose* workbooks to help make peace on school campuses a reality. Alliances are sponsoring school visits where students, teachers, and alliance members work together to develop antiviolence programs. Through art projects and poster contests they are helping students learn to cope with anger and conflict. The Clay-Platte Alliance works with local middle school counselors to combat in-school violence and bullying through a conflict-resolution program for middle school students.

Another creative exercise to teach young readers about safety, self-esteem and conflict resolution will be formally introduced on **SAVE Today 2000,** October 11. A **SAVE** puzzle will make it possible for children in third, fourth and fifth grades to begin dialogue about the violence they've witnessed.

The puzzle is a two-sided, 30 piece activity. Once assembled, the front of the puzzle is an antiviolence activity similar to the *Hands are NOT for Hitting* activity. Youth finish the sentence "I can stop violence by ..." by drawing or writing on the puzzle things they can do to decrease violence in their environment. The back of the puzzle list statistics about peer violence and media violence and explains the work of the AMA Alliance and the AMA.

The benefits of the activity are three fold: the students share a positive experience with their peers, they connect with a caring adult and they learn that their classroom is a safe environment to talk about violence.

Violence is the number one public health problem in America. However, it is a learned behavior that can be prevented. Help be a part of the solution by supporting alliance **SAVE** programs in your community.

☐ For more information about the SAVE Program or to apply for a puzzle grant application and planning guide call the AMA Alliance at (312) 464-4470 or send e-mail to *AMAA@ama-assn.org.* **MoMed**

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Membership Notes:

In The News

Dr. Dee Anna Glaser has begun a program at the St. Louis University Hospital offering free dermatologic surgery to victims of domestic violence who can't otherwise afford it.

The program known as SCORES - Skin Care Outreach Empowers Survivors is part of a national program that is a joint project between the National Coalition against Domestic Violence and the American Society for Dermatologic Surgery.

The program, which involves about 100 doctors nationwide, is designed to help women who've been abused get on with their lives.

MSMA Thanks Its Physicians of the Day in the Capitol

Your government relations staff wishes to express its gratitude to the physicians who volunteered to spend a day in the Capitol as MSMA's Physician of the Day during the 2000 General Assembly. Thanks to the goodwill of these participating physicians, MSMA was able to have a Physician of the Day on duty almost every full day the legislature was in session this year! This excellent program is warmly received by legislators and the volunteer physicians alike. Lawmakers and their staff benefit from knowing good medical attention is always at hand, and physicians enjoy the opportunity to spend a day in the Capitol experiencing the political process on a personal basis. In the autumn MSMA will announce the schedule of available Physician of the Day dates for the 2001 General Assembly. We hope you'll consider signing up. In the meantime, say something nice to your colleagues who served this year:

A. J. Campbell, MD, *Sedalia*
David M. Ota, MD, *Columbia*
Tom Whittaker, MD, *Kansas City*
Chris Southwick, MD, *Columbia*
Gene LeRoux, MD, *Doniphan*
Donald J. Allcorn, MD, *Sedalia*
Joseph Hanaway, MD, *St. Louis**
Robert Power, MD, *Jefferson City*
L. Wayne Hess, MD, *Columbia*
James D. Humphrey, MD, *Mound City*
Steve Granberg, MD, *St. Louis*
Chris Felling, MD, *St. Louis*
Stuart Braverman, MD, *Sedalia*
William Turner, MD, *Nevada*
Ben Soeter, MD, *Poplar Bluff*
Kirby Turner, MD, *Poplar Bluff*
Steve Smith, MD, *St. Louis*
Lanny Turner, MD, *St. Louis*
Chris Erkmann, MD, *St. Louis*
David Rispler, MD, *Jefferson City*
John Oro, MD, *Columbia*
Zahid Hamid, MD, *Mound City*
Doug Hagen, MD, *Kansas City*
Anthony H. Guarino, MD, *St. Louis*
Donald Potts, MD, *Independence**
Larry Rues, MD, *Kansas City*
Sam Page, MD, *St. Louis*
Christy Tharenos, MD, *Columbia*
George Fuchs, MD, *Lake Ozark*
Gregory Terpstra, DO, *Potosi*
Robb Hicks, MD, *Cape Girardeau*
David Poggemeier, MD, *St. Charles*
Tom Saak, MD, *St. Louis*
John Bentley, MD, *Springfield*
Jim DiRenna, DO, *Kansas City*
Ron Swinfard, MD, *Columbia*
Richard Burns, MD, *Columbia*
Michael Ryan, MD, *St. Louis*
Stephen A. Segall, MD, *Poplar Bluff*
Jim Blaine, MD, *Springfield*
Robert W. Jackson, DO, *Kirksville*
John Seidenfeld, MD, *St. Louis*
Rob Schaaf, MD, *Gower*
Jerry Kennett, MD, *Columbia* MoMed

*served twice

May 10, 2000

Dear MSMA:

Thank you very much for the opportunity to voluntarily serve as the MSMA's Physician today at the Capitol. This was an invaluable experience which I would recommend to any physician. Your good work there is greatly appreciated and respected. The intensity of the interactions between the two Houses and the Executive Branch of the Government was highly impressive.

I personally appreciate your undaunted efforts to pay attention to details of the state government actions which relate to our profession and the patients we serve.

May your efforts be ever strengthened by our best wishes and gratitude for you.

Thank you once again for allowing me to participate in this program.

Sincerely,

Robert W. Jackson, D.O., FACOI

May 8, 2000

Legislative Report Editors and Staff:

My thanks to you all for your excellent *Legislative Reports* and the tricky work performed for the good of medicine and the people we serve.

Very Sincerely,

Gordon Sauer, MD

A detailed summary of this year's actions will be mailed to MSMA members in August. To review the 2000 Legislative Reports, visit our website at www.msma.org.

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Free Subscriptions to *Missouri Medicine*, *Progress Notes*, and the *Legislative Report*

MSMA members receive *Missouri Medicine*, the monthly journal that informs you of the latest medical, socioeconomic, and technological developments. *Progress Notes* alerts members monthly to current trends in medicine that affect your profession and practice. During the legislative session you receive the *Legislative Report*, a weekly review of activities from the Missouri Capitol. Contact Barbara Crader for address changes; Becky Jungermann for contributor information to *Missouri Medicine*.

Physician's Guide to Law and Medicine

MSMA offers the *Physician's Guide to Law and Medicine* to assist members in understanding the laws that affect the practice of medicine. All members receive the comprehensive, regularly-updated guide. Contact Tom Holloway for more information.

Missouri Physicians Health Program

This program helps physicians who have life problems, including substance abuse, mental health issues, litigation stress, and other issues which prevent them from functioning at their best. Contact Jack Croughan, MD, or Robert Bondurant at 800-274-0933 for more information.

Missouri State Medical Foundation

Created in 1960, the Missouri State Medical Foundation has loaned more than $5,000,000 to Missouri medical students. All borrowers must be Missouri residents and have completed one year of medical school. Contact Patrick Mills for more information.

MSMA's World Wide Web Site: www.msma.org

The MSMA World Wide Web site features information on legislative, scientific, and socioeconomic issues that is password-protected for members only. Through an agreement with Sockets, Inc., an Internet Service Provider in Columbia, Mo., MSMA offers to members favorable rates for unlimited Internet access. Contact Becky Jungermann for more information.

Educational Pamphlets

The Missouri State Medical Association has a variety of public health and educational pamphlets for physicians and their patients. Some are free and, for those that are purchased, there is a discount for MSMA members. Contact Lizabeth Starnes for more information.

Legislative Representation

MSMA plays an active role representing you and your colleagues before the General Assembly and government agencies. MSMA monitors more than 1,300 bills and reams of rules and regulations every year to insure that the voice of medicine is heard.

Physician of the Day

Join the team of physicians who serve as the official physician on duty for lawmakers and staff during the legislative session.

Key Contact Network

The highly effective "Key Contact Network" encourages physicians to stay in contact with their lawmakers. Add your voice and influence the political issues confronting medicine. Contact Tom Holloway for more information about legislative services.

Medical Savings Accounts

Self-employed members of MSMA may easily and conveniently purchase their own Medical Savings Account (MSA). Participants will receive a tax break of up to $3,375 per calendar year that may be deducted from their adjusted gross income. Also, as MSA funds accumulate, they earn tax-deferred interest. Contact MSMA at 573-636-5151.

Credit Card Merchant Services

Central Trust offers MSMA members low rates for processing credit card transactions. You do not need to alter your existing banking relationships to access this program. Contact Central Trust at 573-634-1161 for more information.

Physician Placement Service

Medical Employment Directory, Inc. (MED) is MSMA's selected health care recruitment firm. MED, Inc., actively places physicians with a retention rate of 99%. Contact MED at 816-756-3445 or visit their website at www.med-search.com for more information.

Intrav Travel Arrangements

Intrav Travel offers programs that enhance your medical knowledge through scheduled lectures and specifically designed continuing medical education activities, plus the rewards of traveling to some of the world's most intriguing destinations. Contact Intrav Travel at 800-456-0020.

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TaxResource, Inc., offers complete, highly professional audit defense for one small prepaid, tax-deductible annual fee. Physicians receive representation before, during, and after an audit, unrestricted use of the toll-free 800 number for tax counseling, and a quarterly newsletter. Contact TaxResource at 800-922-8348 for more information.

Expired Pharmaceutical Return Program

Easy Returns provides regulated destruction and documentation for physicians' unused professional samples, narcotic drugs, and all expired and excess pharmaceuticals. Contact Easy Returns at 800-729-3279 for more information.

Contract Review Service

MSMA has established a network of attorneys to review physician employment contracts. They are:

- Randy Gerber, St. Louis, Tel: 314-615-6217
- Craig Van Matre, Columbia, Tel: 573-874-7777
- Bill Mauck, Springfield, Tel: 417-883-7411
- David Patzman, Kansas City, Tel: 816-691-2731

The above attorneys have significant experience in physician employment contracts and offer fair prices. Although they have been recommended by the MSMA, please note that the Association is not responsible for any advice rendered or acted upon.

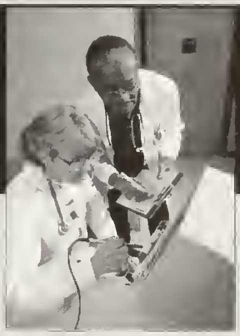
Hospital Liable for Breach of Fiduciary Duty by Wrongfully Releasing Medical Records

W. Dudley McCarter, Attorney

DePaul Health Center received a subpoena duces tecum, served by the husband of Mrs. Fierstein. It requested all records pertaining to Mrs. Fierstein's hospitalization during April 1994. A letter with the subpoena stated that the requested documents could be mailed to the husband's attorney's office and was told that Mrs. Fierstein's attorney consented to the release of the records. The records custodian then mailed the subpoenaed documents to the husband's attorney. Neither Mrs. Fierstein, nor her attorney, however, had given DePaul permission to release the records and they had not received notice that the medical records would be released to the husband's attorney prior to the scheduled deposition.

Mrs. Fierstein brought an action against DePaul for wrongful release of her medical records in breach of a fiduciary duty owed to her under the physician-patient privilege. The jury returned a verdict in her favor, awarding her $10,000 in actual damages and $375,000 in punitive damages. The trail court reduced the punitive damages to $25,000. The judgment of the trial court was affirmed, in all respects, in Fierstein v. DePaul Health Center, No. E.D.76544 and E.D.76518 (Mo.App.E.D. 2000).

Mrs. Fierstein had not waived her physician-patient privilege. If a physician discloses any information, without first obtaining the patient's waiver, then the patient may obtain an action for damages in tort against the physician. It is irrelevant that there was a possibility the medical records ultimately would have been released. At the time DePaul produced the records, not only was the future release of the medical records speculative, but also there was no opportunity for Mrs. Fierstein to contest the release of those records. The DePaul records custodian neither secured Mrs. Fierstein's express consent to the release of the records, nor contacted her attorney personally to obtain authorization to do so. Given the gravity of the information contained in her medical records, the jury could have viewed the conduct of DePaul's custodian as exhibiting a reckless indifference to the rights of Mrs. Fierstein to have her medical records remain private. MoMed



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What Every Physician Should Know About HCFA's New Payment Error Prevention Program

Gregg R. Laiben, MD and Catherine Gill, MS, PT, MHA

SYNOPSIS

This year, the Missouri Patient Care Review Foundation (MPCRF) began implementing the Health Care Financing Administration's (HCFA) Payment Error Prevention Program (PEPP). Focused on inpatient hospital admissions, PEPP is designed to educate providers regarding the common sources of Medicare payment errors and to work with hospitals in developing site-specific quality improvement interventions that reduce future errors. While not accounting for all errors, insufficient documentation and DRG coding are two common sources of Medicare payment errors. In this article, the authors provide a rationale for optimizing proficiency in documentation and DRG coding, as well as clarifying the role physicians play in helping Missouri hospitals reduce Medicare payment errors.

The MPCRF Board of Directors, primarily composed of practicing physicians, is seeking additional input from Missouri physicians regarding the design and implementation of PEPP in Missouri. In 1999, the Office of the Inspector General (OIG) estimated that the Health Care Financing Administration (HCFA) erroneously paid $3.62 billion to inpatient Prospective Payment System (PPS) providers.[1] Of that amount, $2 billion was deemed not medically necessary; incorrect coding accounted for $485 million in improper payments; and, non-covered services or other reasons accounted for $1.1 billion. In response to these OIG findings, HCFA initiated the Payment Error Prevention Program (or, PEPP). Unlike efforts of the OIG and others that audit past provider behavior and recoup moneys paid in error, the goal of PEPP is to reduce *future* payment errors. For that reason, HCFA turned to the Peer Review Organizations (PROs) to help identify errors and implement educational programs that assist hospitals in ensuring that similar errors do not recur. The Missouri Patient Care Review Foundation (MPCRF), a private non-profit organization sponsored by the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons, holds the PRO contract in Missouri. MPCRF recognizes the vital role physicians play in helping hospitals reduce payment errors.

Documentation is key

The potential for payment error begins with the initial determination of the patient's need for inpatient services. If the patient's medical condition could have been appropriately managed in the ER or other outpatient setting, admission to an inpatient service would constitute a payment error. Once the patient is admitted, inadequate documentation to support the need for the admission and continued stay, and/or the services provided during the stay may also lead to a payment error. Medicare regulation 42 CFR 482.24(c) specifically requires providers to maintain records that contain sufficient documentation to justify diagnoses, admissions, treatments performed, and continued care. Insufficient or missing documentation is a major cause of payment error related to reimbursement for physician services.[1]

Insufficient or absent documentation may lead to another type of error that can jeopardize a hospital's payment: inappropriate DRG code assignment. Through medical records audits, the OIG has identified many coding errors that may result in either under- or over-payments to providers. For example, septicemia (DRG 416) was coded inappropriately in 20% of medical records sampled.[2] According to the report's findings, using "septicemia" as a principal or secondary discharge diagnosis without supportive clinical and/or laboratory documentation is inappropriate. This error can have significant financial implications to the hospital. As highlighted by this example, DRG code assignment is very dependent upon all the information in the patient's medical record. Once the patient has been discharged, most hospitals require prompt billing. This process is often hindered by late physician's progress notes, discharge summary and/or operative reports that have not been dictated, transcribed, and placed in the medical record; thus, requiring the health information staff to identify diagnoses and procedures from the incomplete record. While the hospital does have the ability to later request an adjustment of the DRG, any adjustments made after a claim for payment has been submitted to the Fiscal Intermediary counts against the hospital as a payment error under PEPP.

The role of physicians

Physician documentation is a critical component of reducing payment errors. Documentation can help assure all admissions are deemed appropriate and proper DRG codes can be assigned. Documentation that is sufficiently detailed to justify the admission, continued stay, and the stability of the patient's condition upon discharge is important. All primary and secondary diagnoses and procedures should be clearly documented to support the proper DRG code assignment. Physicians can help hospitals by responding to requests for additional documentation for a condition or procedure or in response to a PRO review request. Finally, physicians should participate with hospitals as they identify site-specific root causes of payment errors and potential interventions.

As a physician-driven organization, MPCRF recognizes that physicians play an important role in designing an educational program that assists Missouri hospitals in reducing payment errors. MPCRF is convening *ad hoc* advisory committees to discuss the clinical implications of various PEPP issues and identify appropriate interventions. Also, to ensure a true peer-review process, actively practicing clinicians are sought for case reviews. Resources regarding potentially problematic DRGs, sources of unnecessary admissions, guidelines for physician documentation, and videotapes were mailed to hospitals across the state, or you may obtain these directly from the MPCRF web site at www.mpcrf.org. For more information about how you can become involved in this important program, contact Gregg R. Laiben, M.D., Medical Director, at (800) 735-6776. **MoMed**

Disclaimer: This material was prepared by the Missouri Patient Care Review Foundation under contract with the Health Care Financing Administration (HCFA). The contents do not necessarily reflect HCFA policy.

REFERENCES

1. Improper fiscal year 1999 Medicare fee-for-service payments. Department of Health and Human Services, Office of the Inspector General A-17-99-01999. February 17, 2000.
2. Medicare payments for septicemia. Department of Health and Human Services, Office of the Inspector General. OEI-03-98-00370. March, 1999.
3. Monitoring quality of care and overpayment issues associated with hospital readmissions under the Medicare prospective payment system. Department of Health and Human Services, Office of the Inspector General. A-01-98-00504. April 1999.

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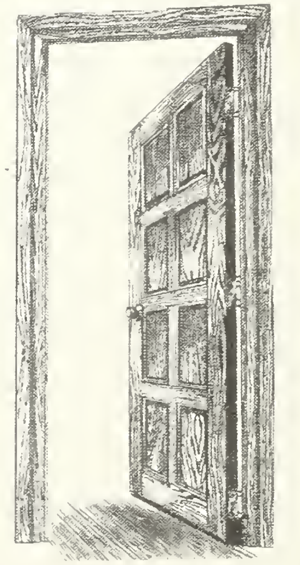
Health Plans Should Not Have Access to Your Financial Records

Missouri law holds managed care plans financially responsible to provide all contracted benefits to enrollees and prospective enrollees. This includes those situations where a plan has shifted a significant part of its risk to providers (some plans keep nothing but an administration fee and let a group or several groups bear all the risk). In these instances, the carrier is expected to monitor the financial capability of its risk-bearing providers to furnish all contracted benefits. A few plans are misinterpreting the law to mean they have to monitor the financial capacity of all their providers, not just those bearing substantial risk. As a result, provider contracts occasionally contain clauses granting the plan open access to all of the physician's financial records, including income tax returns.

In response to concerns raised by MSMA and State Representatives Tim Harlan and Roy Holand, M.D., the Department of Insurance (DoI) issued an internal memo in May of 1999 stating that plans do not need to monitor the financial capacity of a provider unless that provider receives 10% or more of the HMO's total medical expenditures. Above that threshold, DoI says it would be a good business practice for the HMO to incorporate into its provider contracts the right to obtain audited financial statements. Below the 10% level, plans have no legal obligation to seek financial records from its providers. Either way, the memo says, "HMOs have no legitimate business reason for requesting the income tax returns from individual physicians."

On behalf of physicians in several communities, MSMA successfully intervened when new managed care provider contracts surfaced with clauses granting the plan broad access to physicians' financial records. One contract in the Columbia area even allowed the plan to conduct on-site inspection of the books. Since the DoI memo was issued, these types of contract clauses have slowly subsided. But they have not disappeared completely. If you should encounter one of these clauses in a contract offering, let the plan know about the DoI memo (it is reproduced in its entirety here). Once made aware of DoI's position on this matter, the plan should agree to revise the financial monitoring clause in the contract.



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MISSOURI DEPARTMENT OF INSURANCE DIVISION OF FINANCIAL REGULATION MEMORANDUM

TO: Marsha Mills, Director,
Division of Resources Administration

FROM: Steve Divine, Director,
Division of Financial Regulation

DATE: May 1, 1999

Section 354.603.1(3) requires, among other things, that health carriers (HMOs) monitor, on an on-going basis, the financial capability of its providers to furnish all contracted benefits to enrollees. It is prudent for the HMO to monitor the financial condition of its providers to the extent the HMO deems necessary to protect its own financial condition. The Department should ensure that HMOs are not unreasonably exposed to the possibility of loss due to the failure of a provider.

The financial examination of an HMO already considers the exposures HMOs have to the possibility of failing providers. This process is tailored for each HMO, and I do not think the Department can promulgate a regulation that will set standards for HMOs that will fit in every circumstance. Every HMO is different and its overall financial condition and its parent company's overall financial condition should be considered when determining the extent to which another type of exposure to losses, such as the financial failure of a provider, should be monitored and adjusted.

The makeup of an HMO's provider network helps determine the extent of the necessity of an HMO to monitor its providers in order to protect itself from the failure of a provider. An HMO may need to do no more than demonstrate that it has a very diverse group of providers and that the failure of any particular provider will not have a significant financial impact on the HMO. The other end of the spectrum would be a situation where an HMO has a provider of such significance that the failure of the provider would cause a failure of the HMO itself.

Although providers can fail, it rarely happens and is a low risk to HMOs. Even when providers have failed, there was not a significant financial impact on the HMO involved. If a provider files for bankruptcy, the provider still operates, only now it would operate under the protection of a bankruptcy court. Enrollees will still receive services. The HMO, however, may have to take a "haircut" if it is a creditor of the estate. Even in this example, if the HMO pays the provider in the month following the month in which the services were provided to the HMO's enrollees, the HMO still will not have much exposure to a provider's failure. Even if the HMO pays the provider at the beginning of the month in which services are provided to the HMO's enrollees and the provider files for bankruptcy, the most the HMO will lose is one month's payment to the provider - and even this is not significant unless the provider in question receives a significant percentage of the HMO's total medical expenditures.

An HMO may have insolvency insurance in place. Insolvency insurance is usually a provision of the HMO's reinsurance contract. If the HMO were to become insolvent for any reason, including the failure of a significant provider, the reinsurer is obligated to pay for the costs of continuing care for the enrollees of the HMO.

These are just some of the considerations involved when the Department evaluates the exposure an HMO has to a provider failure. But it is clear that no two HMOs can protect themselves in the exact same way. It is a combination of risks that are involved and, therefore, a combination of mechanisms is necessary to mitigate the damage caused by the failure of a provider. Generally, as the financial exposure to the HMO increases, so should the HMO's monitoring of the provider.

If the Department were to set any kind of minimum standard in this area, I would suggest that extensive monitoring be required only when a provider receives 10% or more of the total medical expenditures of the HMO. At this level, it would be a good business practice of the HMO to incorporate into its provider contracts the right to require that the provider obtain audited financial statements.

One last point, HMOs have no legitimate business reason for requesting the income tax returns from individual physicians. As explained above, the failure of an immaterial provider will not cause a financial hardship on the HMO. Also, a tax return, by itself, is not a good indication of the financial condition of a provider. A tax return is on a cash basis, and does not consider accrued liabilities or the inherent value of the practice itself. The statute does not require this of HMOs and the Department hasn't required this either. **MoMed**

Domestic Violence

Kirk M. Chan-Tack, MD and Janet C. Lam, MHS

Abstract

Domestic violence is alarmingly prevalent, yet medical students, residents, and experienced physicians are often handicapped by insufficient knowledge and expertise in the diagnosis and care of these patients. This article reviews the epidemiology of domestic violence, highlights risk factors, discusses current obstacles in the diagnosis and treatment of domestic violence, identifies history taking and physical examination skills to increase diagnosis of this condition, and outlines treatment plans for victims.

Epidemiology

Domestic violence is an issue that society has only recently begun to confront. Ninety-five percent of domestic violence victims in the United States are women. The common denominator for these women is that social partners, not strangers, pose the greatest threat of violence. In the United States, the annual prevalence is 8-17% and the lifetime prevalence is 13-30%.[1] According to the American Medical Association, more than four million women were beaten by their partners in 1995.

Risk Factors

Detection of domestic violence can be increased by careful screening, especially in high risk groups. Flitcraft showed that women who witnessed parental violence as a child or adolescent are at increased risk of becoming victims of domestic violence.[2] In comparison with control groups, men who assault their female partners are more likely to: 1) have witnessed or experienced violence in their childhood; 2) abuse alcohol; 3) be sexually abusive to their wives, and; 4) commit violent acts against their children.[3] Domestic violence is more prevalent among the lower socioeconomic class[4,5] as well as among inter-racial and mixed-religion relationships. Women who are separated or divorced are also more likely to have experienced domestic violence.[5]

Pregnant women are another high risk category. Reports of lifetime-prevalence of domestic violence against pregnant women range from 11-24%.[1] These figures underscore the importance of routine screening for domestic violence in nonemergent settings, particularly prenatal care. Using the Abuse Assessment Screen,[6] McFarlane et al. found that 17% of pregnant women in their public health clinic were abused. Sixty percent of these abused patients reported recurrent episodes of abuse during the current pregnancy. In these patients, the pattern of abuse differed from that seen in nonpregnant victims, with trauma to the abdomen and genitalia being more common than trauma to the head and neck.

Furthermore, in this study population, abused women were twice as likely as nonabused women to start prenatal care during the third trimester.[6] The authors suggest that domestic violence, with the emotional and psychological control that the batterer exerts on his spouse, may negatively impact pregnancy by causing delayed initiation of prenatal care.

Psychological Features

During an assaultive episode, the woman's primary focus is on self-protection. Reactions to abuse include shock, fear, denial, withdrawal, confusion, and psychological numbing. In order to minimize the threat of injury or continued aggression, the victim may offer little or no resistance to the batterer. Long term sequelae include fear, anxiety, sleeping and eating disturbances, intense startle reactions, and numerous physical complaints [Table 1][7,8]. In addition, abused women may become timid, dependent, and suggestible; they may have great difficulty making independent decisions. These feelings are exacerbated by the reality that the aggressor is someone they love, trust, and depend on. There are many reasons why women stay in abusive relationships: denial, fear, shame, guilt, blame, feelings of helplessness, emotional dependency, financial dependency, presence of children in the home, lack of education and job skills, lack of family and friends as a support structure. The cumulative effect of these psychological stresses often results in feelings of severe vulnerability, loss, isolation, and hopelessness. There is a high prevalence of depression and suicide attempts are also common.[9]

Table 1: Psychological and Clinical Features seen in Domestic Violence Victims[9,10]

Feature	% of victims with feature
Fear	82
Anxiety	54
Shock/psychological numbing/denial	80
Sleep disorder	51
Nightmares	22
Eating disorder/binge eating	15
Loss of appetite	29
Depression	33
Alcohol abuse	15
Substance abuse	4
History of suicide attempt	22
History of miscarriage	25
Fatigue	53
Chronic headaches	59
History of falls	6
History of bone fractures	15
Frequent bruises	25
Musculoskeletal pain	7
Chest pain	40
Shortness of breath	45
Abdominal pain	55
Pelvic/genital pain	31
Breast pain	35
Back pain	62
Constipation	39
Diarrhea	51
Dysmenorrhea	45
Dyspareunia	22
Vaginal discharge	45
Dysuria	13
Syncope	13

Clinical Features

There are numerous clinical features that are indicative of domestic violence [Table 1]. The history given by a woman who suffers from domestic violence is often inconsistent with the injury. Many victims present with obvious injuries and there may have been unreasonable delay before help was sought. Patients may minimize the extent and severity of the injuries or may give evasive answers. Multiple injuries in different stages of healing may be present.[10] The predominantly central pattern of injury (breasts, chest, and abdomen being the most frequent sites) differs from the injury pattern seen in household or sports related accidents.[11] Patients may have great difficulty maintaining eye contact. Other primary care complaints include chronic headaches, abdominal pain, myalgias, recurrent vaginal infections, sleep and eating disorders, depression, and sexual dysfunction.

Multiple visits to the emergency department for injuries are highly suggestive of battering. Anxiety, family problems, and marital problems are other common presenting symptoms. Equally important are patients who present with psychiatric symptoms, especially depression and or suicidal ideation/gestures. These patients should always be questioned about current or past domestic violence.[10]

In both the primary care and emergent setting, the patient may list psychosomatic, vague or repetitive complaints that are inconsistent with organic disease. Victims may begin to abuse alcohol or prescription drugs. Noncompliance with medications or appointments may be another important but subtle diagnostic sign.

Due to the ongoing nature of domestic violence, abused women may visit physicians repeatedly and present with increasingly severe physical trauma. Stark et al. found that nearly 20% of battered women present to physicians with trauma on 11 or more occasions, 23% of patients presented with abuse related injuries 6 to 10 times.[11]

It is common for the batterer to accompany the victim to the medical appointment or to the emergency department. The batterer may hover and refuse to leave the patient alone. During the history, the patient may often turn to the batterer for implicit approval before giving her response. The abusive partner may also answer questions for the patient and encourage the doctor to abbreviate the interview and focus on treating the physical symptoms.[10,11]

Obstacles to Diagnosis and Treatment of Domestic Violence Victims

A major obstacle in identifying, intervening, and treating domestic violence is inadequate knowledge. A principal cause of this lack of knowledge is insufficient domestic violence education in medical schools. A 1994 Liaison Committee on Medical

Education (LCME) survey about instruction on domestic violence showed that only 67% of the institutions had required domestic violence instruction in their curricula.[12] Additionally, a separate poll of 1994 graduating seniors found that 60% believed that this issue was given "inadequate attention." Furthermore, residency programs and continuing education courses rarely discuss domestic violence from the perspective of a medical condition warranting vigorous intervention.

Many physicians, like much of society, have grave misconceptions about domestic violence. They believe that domestic violence is rare, that abuse does not occur in relationships that appear "normal," that domestic violence is a private matter that should be resolved without external intervention, and that battered women are responsible for their abuse. These misconceptions result from failure to understand the dynamics of domestic violence. The lack of direct questioning by health professionals, inability to identify victims, and failure to validate their feelings of victimization, all contribute significantly to the spread of this epidemic. Furthermore, treatment of abused patients suffers when physicians are unaware of resources such as shelters, social services, legal assistance, and support groups.

Education: The First Step

Given the prevalence of this condition and the extensive range of both short- and long-term sequelae, it is imperative that physicians possess the necessary sensitivity and knowledge in order to help empower their patients. The goal of domestic violence training is to develop an awareness of the epidemiology, risk factors, clinical symptoms and signs, treatment, and resources available to patients. Domestic violence training should be incorporated into the curriculum of all medical schools, all residency programs, and in continuing medical education (CME) curricula. Emphasizing education and awareness at all stages of medical training will be a major advance toward reducing the suffering caused by domestic violence.

Medical Work-up and Treatment

Physicians are well placed to intervene in the lives of domestic violence victims. Women in violent relationships often visit physicians for injuries and other symptoms related to their abuse. Emergency medicine, family practice, internal medicine, obstetrics and gynecology, pediatrics, and psychiatry are the specialties that encounter these patients most frequently.[8]

One of the most devastating forms of psychological abuse that victims suffer is isolation. This fact offers the physician a powerful opportunity to introduce questions about domestic violence and create a safe, nonjudgmental atmosphere where patients can talk freely. Providing visible messages, such as posters and informative literature, to patients in the office or clinic will convey the message that domestic violence is not a taboo subject and that the physician is willing to discuss it.

There are compelling reasons for physicians to actively elicit a history of abuse. The dynamics of partner abuse and its severe emotional impact almost always prevent a woman from volunteering this information to the physician. First, the woman may feel ashamed or guilty. Second, she may be depressed or may believe that abuse is normal, and that she deserved the beatings. Third, the patient may fear that she will be battered again if she discloses this history. Numerous ethicists and researchers in domestic violence have stated that the most important service that physicians can provide to victims of domestic violence is to ask about abuse.[7,8,13]

Universal screening communicates the physician's willingness to listen and help, even if the patient is not yet ready to disclose her story. Domestic violence is ideally suited to universal screening. Table 2 shows the prevalence of various disorders in women aged 15-45; patients already undergo screening for many of these conditions.[13] When screening for domestic violence, the physician must remember that privacy is critical. Questions should be asked with only the woman present. The SAFE questions[14] [see Table 3] can be used to determine an index of suspicion for the presence of domestic violence; two or three positive answers substantially increase the likelihood of domestic violence. By asking the SAFE questions, the physician can overcome the victim's isolation and provide her with an opportunity to validate her worth, assess her safety, and become aware of community resources.

It is essential to be more direct with symptomatic patients. When evaluating a symptomatic patient, the physician should first address her feelings of isolation and fear. It is important to emphasize to the woman that she is the victim, that the abuse is not her fault, and that she does not deserve to be abused. The fact that violence is not a solution or response to interrelational stresses or disagreements should also be highlighted. Next, the woman's current safety must be addressed, particularly if risk factors for lethal domestic violence are present[15] [see Table 4]. The physician should also help the patient develop an exit plan[13] [see Table 5] and be able to provide a list of local women's shelters and crisis intervention resources if needed. An important resource is the National Domestic Violence Hotline (1-800-799-7233) which has a computer database of emergency shelters and other support services.

Table 2: Common conditions affecting women 15-45 years old [13]

Disorder	% of population affected
AIDS	0.0054
Cervical cancer	0.0078
Syphilis	0.04
Gonorrhea	0.23
Glucose intolerance of pregnancy	1-5
Hypercholesterolemia	6
Hypertension	8
Domestic violence	21
Smoking	27

Table 3: SAFE questions[14]

Stress/Safety
What Stress do you experience in your relationship?
Do you feel Safe in your relationship?
Should I be concerned for your Safety?
Afraid/Abused
Are there situations in your relationship where you have felt Afraid?
Has your partner ever threatened or Abused you or your children?
Are you in a relationship like that now?
People in relationships often fight; what happens when you and your partner disagree?
Friends/Family
Are your Friends or Family aware of your situation?
Do you think you could tell them, and do you think they would be able to give you support? (Assess the degree of social isolation.)
Emergency Plan
Do you have a safe place to go and the resources you (and your children) need in an Emergency?
If you are in danger now, would you like help in locating a shelter?
Would you like to talk with a social worker/counselor/me to develop an Emergency Plan?

Table 4: Factors that increase the risk of homicide in cases of domestic violence[15]

Presence of a firearm in the home.
Use of drugs or alcohol by the abuser.
Increasing frequency of battering.
Increasing severity of injuries.
Sexual abuse.
History of threats of homicide or suicide.

Table 5: Sample elements of an exit plan[13]

Pack a bag with a change of clothes for yourself and your children.
Include any medications and important toys or books.
Include any money you can accumulate, credit cards, and passbooks to any savings or checking accounts that may be accessible by you.
Include legal documents you may need to reestablish a life elsewhere, e.g. voter registration, passport, immunization records for your children, birth certificates, car title.
Have a plan of how to get to the bag at any time and exactly where to go.

When danger is imminent, physicians must participate in effort to secure a safe place, including offering hospitalization, if necessary, for patients when there are no available shelters. It is essential to remember that treatment goals for victims of domestic violence include the attainment of physical health, mental health, and safety from further harm.

Medical documentation can provide objective evidence of abuse and is critical in the care of the patient. Such records will help the physician or any other medical personnel care for the patient in the future; they may also serve as important legal evidence against the batterer. After obtaining informed consent, all injuries must be thoroughly documented.

Comprehensive documentation should include:[16]
1) The chief complaint and a description of abusive words and actions, using direct quotes to describe events.
2) A detailed description of injuries including, if possible, color photographs of the injuries before administration of medical intervention. Photographs should be taken from different angles and should include a ruler to measure the size of the injuries. The patient's face should appear in at least one of

the photographs, and each photograph should be properly labeled, signed by the patient, and dated. A body map may also help illustrate physical findings clearly and can be used in conjunction with or an in absence of photographs. A videotaped record of the patient's injuries would also be a useful adjunct in documentation.

3) The diagnosis, including the origin of the injuries, and any results of laboratory tests and other diagnostic procedures.

Conclusion

Domestic violence is alarmingly prevalent. Its adverse physical, psychosocial and emotional consequences warrant greater attention from the medical community. Most physicians will encounter battered women at some time in their careers. Therefore, it is critical that domestic violence is included in physicians' disease screening program and that physicians respond to each woman who discloses that she is a victim of abuse.

The job of physician is to identify, educate, support, and refer patients who are victims of domestic violence.[13] Physicians need to acknowledge the existence of domestic violence and educate themselves about its epidemiology and severe impact upon the lives of its victims. They also need to examine their attitudes about this issue to determine where barriers to identification of patient-victims exist. This will enable physicians to effectively counsel all of their patients about domestic violence and its far-reaching adverse effects. As a result of physician-education and subsequent patient-education, the spiral of violence can be broken. This dual-educational approach is potentially the most effective method to combat domestic violence.

The next step is for physicians to support their patients. Since women experience a loss of control and power in an abusive relationship, physicians need to help their patients feel empowered to make changes for themselves. This empowerment may ultimately help women to leave their abusers permanently. On average, a woman leaves her abusive partner 2-5 times before finally ending the relationship.[1] During this process, the woman needs continued emotional support, from both her physician as well as from other community resources.

The most important contribution physicians can make towards ending abuse and protecting the health of its victims is to identify and acknowledge the abuse.[7,8,13] Identifying domestic violence can initiate the process by which the victim may get the necessary assistance to find safety. In addition to this, physicians can help victims by their compassionate support, thorough documentation of the abuse, and broad-based knowledge about treatment options and resources. In conjunction with increased societal awareness and patient empowerment, active physician participation in violence prevention and intervention efforts will help to combat domestic violence and the extensive, adverse consequences on its victims. **MoMed**

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☐ *February 28* - Dr. Michael Severance welcomed a near capacity crowd at the meeting of the **Cole County Medical Society**. Dr. Michael Trendle, oncologist, was the featured guest speaker.

☐ *March 1* - Dr. Immanuel Uketui, President of the **Buchanan County Medical Society**, welcomed Ms. Johanna Echols to the monthly meeting at the Benton Club in St. Joseph. He told the audience what an uplift it is to see MSMA make such an effort in being present at their meetings. The BCMS meets the first Wednesday of each month. Dr. Uketui encouraged everybody to attend the MSMA convention in Kansas City.

☐ *March 30* - **Clay-Platte County Medical Society** and Alliance held a reception and dinner at Rembrandts Restaurant in honor of Doctors Day. Dr. John Stanley, President, addressed the audience in support of the society volunteering two evenings per physician at the clinic for indigent patients, he will ask the three hospitals to put up notice of Clay-Platte Society meetings to attract more members.

☐ *April 3* - Dr. Severance, President, **Cole County Medical Society**, welcomed old-timers and newcomers alike to their monthly meeting. Dr. Alan Braun conducted the well-attended CME, "Medical Management of Osteoarthritis with Cox II Selective NSAIDS: A Rheumatologist's Perspective."

☐ *May 1* - The **Cape Girardeau County Area Medical Society** held its Spring Conjoint Meeting with the Alliance. Dr. David R. Anderson welcomed members and guests. MSMA president Dr. Gordon Goldman and his spouse Roberta and Johanna Echols, Membership Director for MSMA attended the festive event. Eileen Chalk, President of the Alliance installed Alliance officers for 2000-2001. Mrs. Pat Ray was elected president, Mrs. Fawna Jones president-elect, Mrs. Laura Meece secretary. Mrs. Iffat Khan will be treasurer. Dr. Goldman addressed the audience and invited comments. During the course of discussion, *The Legislative Report* was repeatedly cited as being very informative. Dr. Goldman updated progress made on SB 856 and the tobacco industry settlement. The society asked that MSMA investigate the feasibility of a more regional approach for medical societies. Medical societies which are not active could benefit by belonging to Cape Girardeau Area Medical Society. Dr. Goldman promised to look into this situation. The evening concluded with a musical history lesson of American Pop Music by Gary Ellison.

☐ *May 9* - **Lake of the Ozarks Medical Society** had its May meeting at the Andre's Restaurant. Andrew Moore, MD, from the Mayo Clinic in Rochester, MN, gave an update on cardiovascular disease. President Carl Petit, MD, who serves as a MSMA Organized Medical Staff Section Delegate, welcomed members and their spouses. Johanna Echols, Membership Director of MSMA attended the event. The Lake of the Ozarks Medical Society is enjoying well-attended meetings. The meeting schedule has been filled one year in advance. Members were encouraged to call their Representatives and Senators before the end of the session in support of SB 856.

Other Meetings

☐ *March 7 & 8* - Johanna Echols, MSMA Membership Director, participated in the **Missouri Rural Health Association**'s "Focusing on the Future." The summit brought together a select group of rural health advocates from across Missouri to address critical issues. The two-day meeting at the Capitol Plaza Hotel featured keynote speaker Wayne Meyer, MD, MS, a native son of Missouri and currently with the U.S. Department of Health and Human Services.

☐ *March 16* - Dr. Fred DeFeo and Johanna Echols represented MSMA at the **UMKC School of Medicine**. The luncheons, designed to help medical students make a choice for their future specialty, featured five physicians representing anesthesiology, orthopaedic surgery, general surgery, and cardiothoracic surgery. Dr. DeFeo, a docent at the

School of Medicine, made the students aware of accomplishments made possible only with the help of organized medicine in Missouri. He strongly encouraged participation in organized medicine on the local, state, and national levels. A lively question and answer session followed the luncheon.

☐ *March 28* - MSMA representatives attended the **2000 Education Conference of the Greater Kansas City Medical Managers Association**. Excellent seminars were offered to participating members. The American Academy of Professional Coders was included in the one-day conference furthering medical professional excellence.

☐ *May 16* - The **Missouri Task Force on Misuse, Abuse and Diversion of Prescription Drugs** met in Jefferson City. New regulations directly affecting physicians were discussed concerning controlled drugs. A proposed rule would require inventory once a year. The current rule requires inventory every two years. **MoMed**

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In The News

MSMA members were recognized for special achievements during the UMKC School of Medicine commencement ceremonies. The honorees were among 79 students who received Baccalaureate/Doctor of Medicine degrees from UMKC School of Medicine.

The honorees and their awards are:

Eric Baker, *Independence*, R. R. Hannas, MD, Emergency Medicine Award and the Merck Manual for Outstanding Achievement in Medical Education;

Sibyl Jura, *King City*, American Medical Women's Association Scholarship Achievement Citation;

Raman Malhotra, *St. Louis*, Vice Chancellor for Student Affairs Honor Recipient and Western Friends of UMKC Dr. Harry S. Jonas Award;

Chirag Shah, *Duncanville, TX*, Missouri State Medical Association Honors Graduate and Richardson K. Noback, MD, Award for Clinical Excellence; and

Judy Sun, *Munster, IN*, Rebecca Lefcourt, MD, Award for Outstanding Achievement.

Ralph G. Dacey, Jr., MD, *Ladue*, as been named Secretary of The American Board of Neurological Society. The Board is responsible for devising the curriculum for neurosurgeons in training and certifying those neurosurgeons who meet its requirements.

Francis T. H'Doubler, Jr., MD, *Springfield*, has been appointed by Gov. Mel Carnahan to the Missouri Acupuncturist Advisory Committee. Dr. H'Doubler is a Senior Medical Consultant at the Forest Institute.

G. Robert Kletzker, MD, *St. Louis*, has recently been named as Chairman of the Newborn Hearing Screening Advisory Committee with the Missouri Department of Health. The Committee is responsible for formulating a protocol for the testing of newborn infants to screen for the early detection of hearing loss, as legislated, for all babies born after January 1, 2002.

Loretta Loftus, MD, *Kansas City*, received a four-year $250,000 grant from the Robert Woods Johnson Foundation. The money helped to establish a patient navigator program to facilitate faster access to cancer treatments for the poor and underserved in the community.

Jack S. Sanders, MD, *Jefferson City*, a retired cardiologist, has been honored by the Missouri Hospital Association for distinguished community service. Dr. Sanders was honored for his involvement with the Capital Region improvement activities at the medical center. He was instrumental in the redesign, construction and expansion of the hospital, which culminated in the consolidation of the two sites and opening of the new inpatient facilities.

Mark Steele, MD, *Kansas City*, Associate Professor of Emergency Medicine, became Chief Medical Officer at Truman Medical Centers and Associate Dean for TMC programs.

Fred H. Thornton, MD, *Sikeston*, was awarded the Distinguished Alumni Award from Central Methodist College. The award is presented annually to former CMC students who have distinguished themselves in their professions and in their service to the college and to society.

Mrs. Terry J. Watson, *Associate Executive Director of the St. Louis Metropolitan Medical Society*, retired June 2, 2000, completing 30 years of employment. Mrs. Watson's career began June 1, 1970, with the St. Louis County Medical Society and continued when the St. Louis County and St. Louis Medical Societies consolidated on January 1, 1979.

As Associate Executive Director, Mrs. Watson's primary responsibilities were staffing the Publications Committee and supervisory responsibilities for the St. Louis Medical Service Bureau and its two other employees Farris Shumpert and Maura Jekel.

She served as Managing Editor of the St. Louis Metropolitan Medicine , working with J. Gail Neely, MD, as editor and Jill Waltman as Assistant Editor on the 12 regular issues.

In addition, Terry worked closely with a number of the local medical specialty societies - surgical, ob/gyn, radiology, and several others. Mailing requests and building utilization were also in her domain of responsibilities.

Terry also served as the Medical Society's Liaison to the SLMMS Alliance. As you can see, Terry carried major responsibilities as Associate Executive Director.

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In Memoriam

Ross Blades, MD, 66, *Springfield,* died May 17. He was a retired urologist.

H. Waldo Bird, MD, 82, *St. Louis,* died April 29. He was a retired psychiatrist.

Morris Davidson, MD, 86, *St. Louis,* died April 20. He was a retired otolaryngologist.

Bernd Silver, MD, 68, *St. Louis,* died May 4. He was a retired ophthalmologist.

Elizabeth Troxil, MD, 81, *Springfield,* died June 2. Before retiring she practiced physical medicine and rehabilitation.

Anthony J. Vitale, MD, 86 *Chesterfield,* died May 24. He was a retired general practitioner.

AMA Physician's Recognition Award

The following physicians have completed 150 hours of continuing medical education within a three-year period. Sixty of the credit hours are earned in Category 1 program.

Thomas Farrell, *St. Louis*
Jhonson Flores, *Chesterfield*
O. Allen Guinn, *Independence*
Sally Hubbard, *Springfield*
William Huse, *Kansas City*
Yasuo Ishida, *St. Louis*
Jeffrey Judd, *St. Louis*

Harry Knopf, *Clayton*
Robert Lewis, *St. Louis*
Michael Ryan, *St. Louis*
Philip Shanahan, *Creve Coeur*
Fredric Simowitz, *St. Charles*
John Tanner, *Kansas City*
Eugene White, *Rolla*

RADIOLOGIST

An immediate opening exists for a Staff Radiologist at the John J. Pershing VA Medical Center, Poplar Bluff, Missouri. Individual must possess interpretative skills to include ability to read cat scans, ultrasound, and nuclear medicine in addition to general radiological tests. Poplar Bluff, MO VAMC is currently utilizing a new computerized VISTA imaging system - computer proficiency a requirement.

Salary is commensurate with qualifications.

Excellent benefit package: vacation/sick leave; health/life insurance; retirement; and 401K. For additional information please contact Luisa G. Lotuaco, MD, Chief of Staff, at (573)778-4691.

Candidate selected is subject to a random drug screening.

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No J-1 Opportunities available

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Additional information may be obtained by contacting V.J. Nair, MD, Director of Primary Care Services, by telephoning (573)339-0909.

Application packets may be obtained by contacting the Human Resources Management Office at: VA Medical Center (05), 1500 N. Westwood Blvd., Poplar Bluff, MO 63901, (573)778-4291. Applicants must be US Citizens by birth or naturalization or hold a Permanent Resident Visa.

SALARY & BENEFITS: Salary commensurate with qualifications. Full benefit package to include health/life insurance, retirment/401K, and vacation benefits.

Position is subject to random drug screening.

J-1 Opportunities not available

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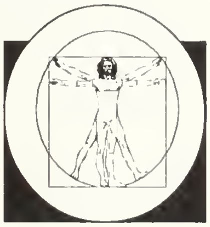

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CME Listing

AUGUST

2 thru 4 - *St. Louis:* Pediatric Advanced Life Support Provider Course. Call 314-577-5385.

4 & 5 - *St. Louis:* Clinical Allergy for the Practicing Physician. Call Washington University 314-362-6891.

18 thru 20 - *St. Louis:* Cervical Spine Decompression and Stabilization. 18 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

24 thru 27 - *St. Louis:* Comprehensive Internal Medicine Review. Call Washington University 314-362-6891.

25 & 26 - *Columbia:* Tenth Annual Conference: Caring for the Frail Elderly. Call MU School of Medicine 573-882-0366.

SEPTEMBER

1 - *St. Louis:* Acute Lung Injury. Call Washington University 314-362-6891.

8 thru 10 - *St. Louis:* Comprehensive Brain Anatomy for Neurologists, Psychologists, & Pas. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

8 thru 17 - *St. Louis:* Clinical Neuroanatomy, Neurology & Neurosurgery. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

16 - *St. Louis:* 1st Annual Symposium on Critical Care Medicine: Managing the Risk. Call Washington University 314-362-6891.

16 thru 20 - *Kansas City:* The Pain Clinic 2000 - Nuts and Bolts How to Workshops. Call Connie Buechele 913-491-6451.

18 thru 21 - *St. Louis:* Cranial Microsurgery - Anatomy and Approaches. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

21 thru 23 - *St. Louis:* Contemporary Cardiothoracic Surgery. Call Washington University 314-362-6891.

21 thru 23 - *St. Louis:* 6th Annual Current Topics in Cardiothoracic Anesthesia. Call Washington University 314-362-6891.

22 - *Clayton:* Women's Health: Menopause. Contact St. Louis University CME office 314-577-8167 or 1-800-553-2712.

22 thru 24 - *St. Louis:* Surgical Approaches to the Skull Base. 25 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

26 - *St. Louis:* Extensor Tendor Injuries for the Hand. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

OCTOBER

2 thru 6 - *St. Louis:* Mediolegal Death Investigator Course. Call St. Louis University CME 314-268-5970.

5 & 6 - *St. Louis:* 25th Annual Symposium on Obstetrics and Gynecology. Call Washington University 314-362-6891.

6 & 7 - *St. Louis:* Third International Spinal Microsurgery Workshop. Call SandyTurck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

7 - *St. Louis:* New Techniques in Urinary Incontinence and Female Urology. Call Washington University 314-362-6891.

12 thru 15 - *St. Louis:* Biology & Pathology of the Extracellular Matrix. Call Washington University 314-362-6891.

16 thru 18 - *St. Louis:* Sellar & Parasellar Pituitary Tumors. 19 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

20 thru 22 - *TBA:* 23rd Annual Family Practice Update and 25-Year Reunion Department of Family & Community Medicine. Call MU School of Medicine 573-882-0366.

21 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

27 - *St. Louis:* Early Lung Cancer: Path to Cure. Call Washington University 314-362-6891.

27 & 28 - *St. Louis:* Clinical Management of Client with LBP: Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

NOVEMBER

16 thru 18 - *St. Louis:* The Vestibular Labyrinth in Health and Disease (OTO). Call Washington University 314-362-6891.

17 - *St. Louis:* ASTRO Presentations (Radiation/Oncology). Call Washington University 314-362-6891.

DECEMBER

1 & 2 - *St. Louis:* Fingers to Toes: Orthopaedic Review for Primary Care. Call Washington University 314-362-6891.

2 - *St. Louis:* Petrie Memorial Symposium on Maternal-Fetal Medicine. Call St. Louis University CME office 314-577-8167 or 1-800-553-2712.

8 - *St. Louis:* Contemporary Women's Health Issues, 3rd Annual. Call Washington University 314-362-6891.

9 - *St. Louis:* Cardiology. Call Washington University 314-362-6891.

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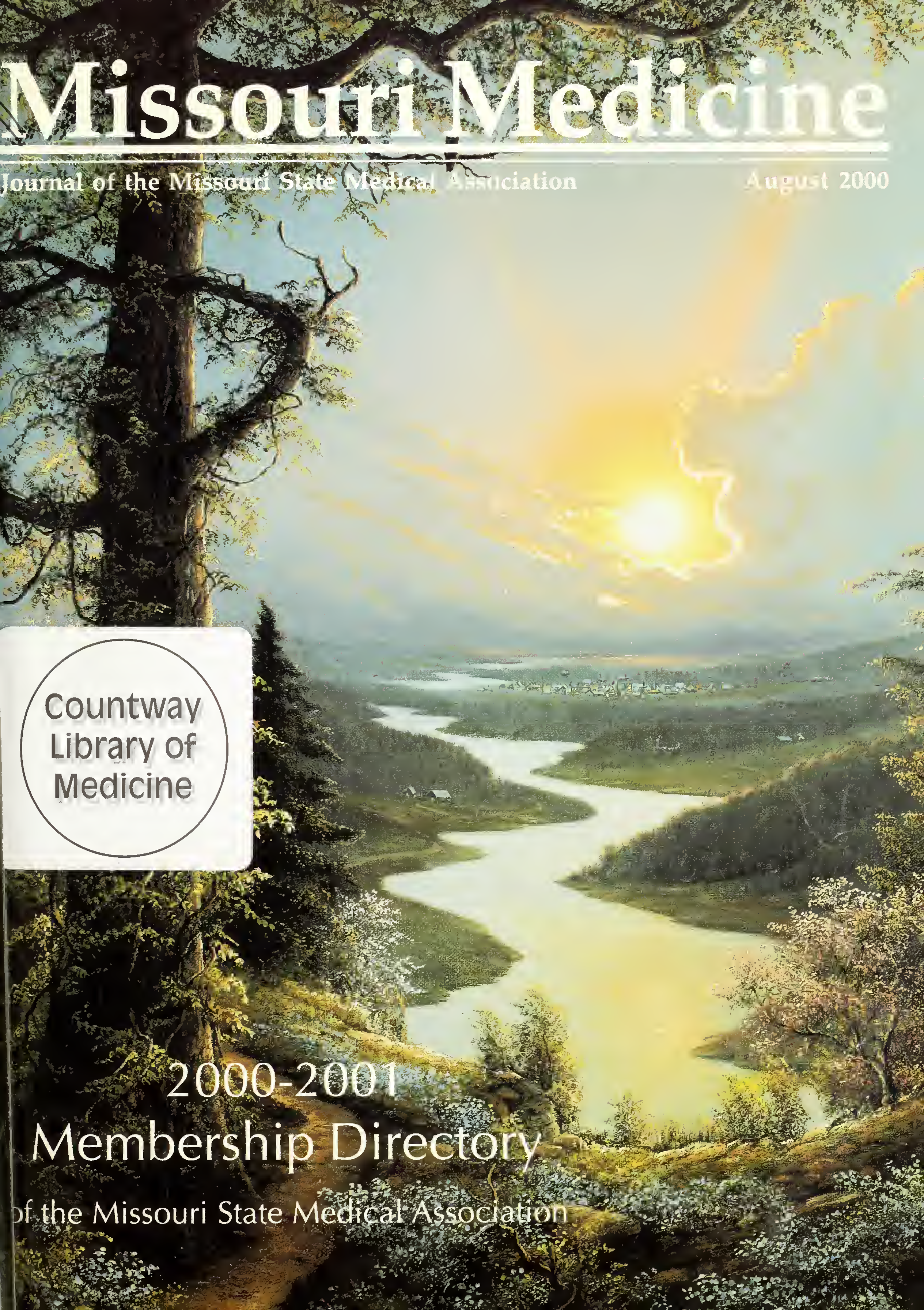

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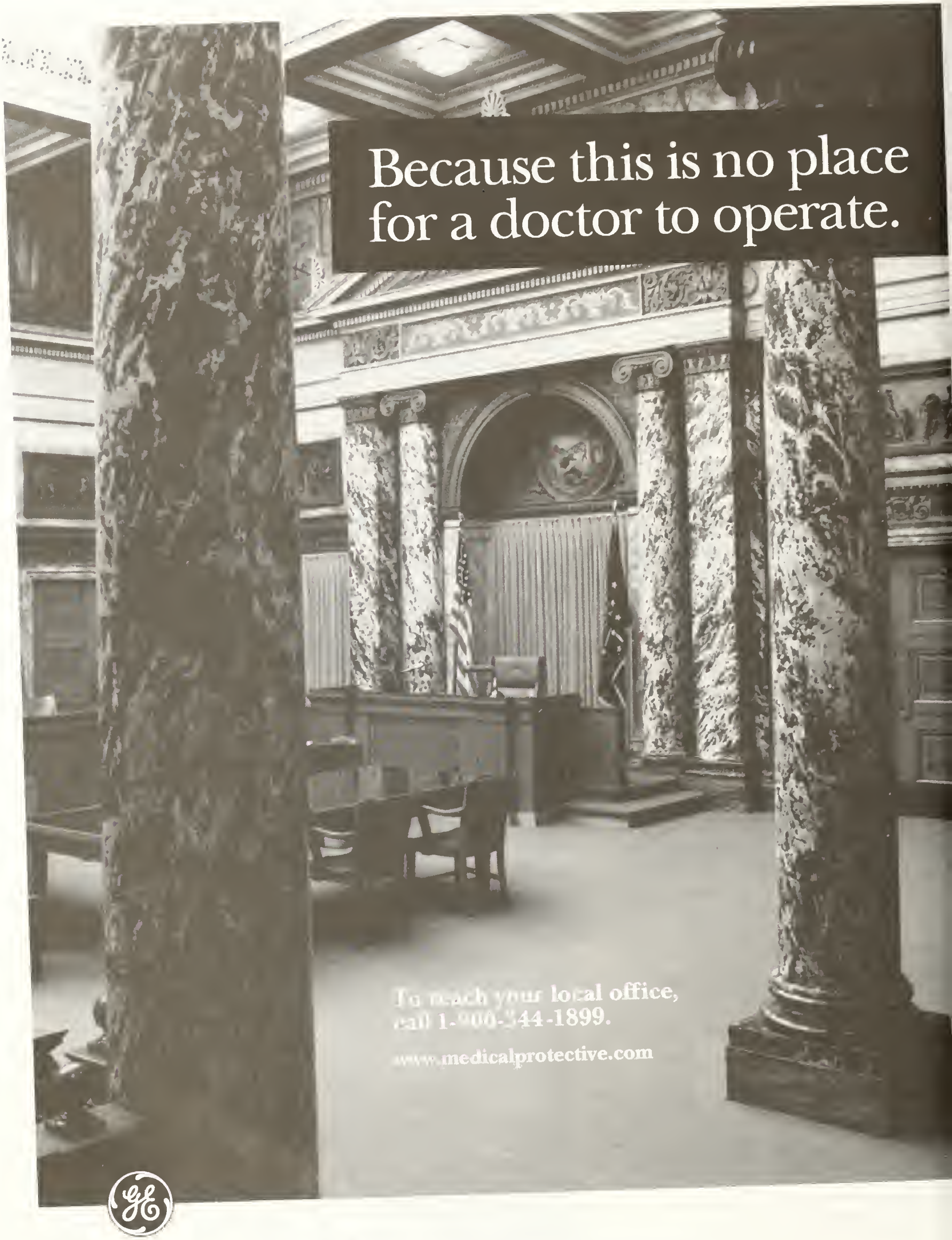

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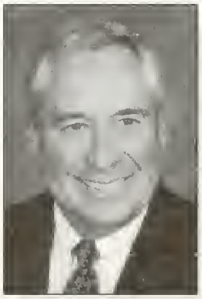

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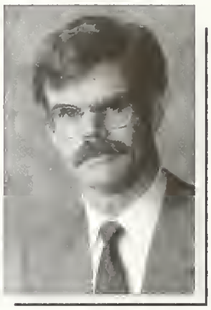

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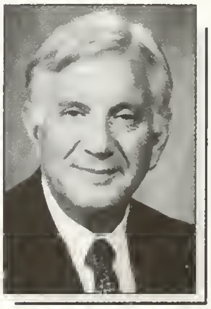

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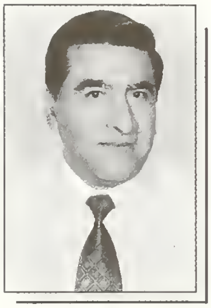

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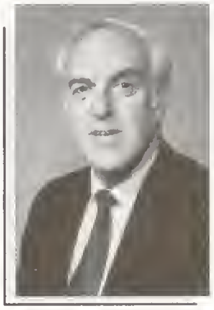
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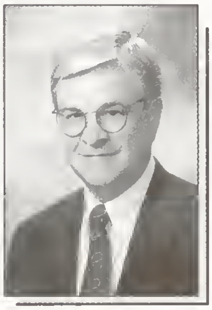
Gary Dyer
St. Joseph

Daniel O'Sullivan
St. Louis

Carl F. Strauss
Kansas City

James Wolfe
Springfield

Heidi Rayala
St. Louis
Medical Student

Support for spouses and families of Missouri physicians

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Stress can affect the medical family

Internal and external stresses associated with a physician's life in medicine can affect the medical family and place them under tremendous emotional strain. These can include:

- long work hours leaving little time for family
- emotional isolation from family
- excessive devotion to medicine
- need for respect from peers
- increased pressures associated with managed care and government regulations
- the threat and the reality of liability suits
- lack of concern about one's own physical well-being
- responding to stresses, the overuse of alcohol and/or drugs, spending sprees, infidelity, eating disorders, sleep disturbances, …

Through De Novo choose to…

- *take charge of your life*
- *make meaningful change*
- *exchange insights and feelings*
- *strengthen family emotional and physical well-being*
- *accept the opportunity to heal*

De Novo

…new hope for a healthier future

The Latin phrase "De Novo" signifies a new beginning, hope and confidence in the future.

De Novo is a compassionate and innovative medical family support system. It affirms the value of the medical family and provides the spouses and children of physicians the opportunity to understand and overcome the stresses inherent in the medical family.

The philosophy of De Novo is extended through monthly support-group meetings during which participants can unburden themselves in a confidential, secure environment with individuals experiencing similar stresses and who understand what it is like to be a partner in a medical marriage.

Over time, the new insights attained, the new understandings forged, the new relationships built and the new strengths gained can lead to a new approach to life and new hope for a healthier future.

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Missouri State Medical Association

Missouri State Medical Association Alliance

Missouri State Medical Association

113 Madison Street, P.O. Box 1028, Jefferson City, MO 65102
Tel: 573-636-5151; Fax: 573-636-8552

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Internet Web Site: www.msma.org

MSMA Calendar of Events

Council Meeting Dates

November 18-19, 2000
Capitol Plaza Hotel
Jefferson City

January 20-21, 2001
Capitol Plaza Hotel
Jefferson City

June 2-3, 2001
Country Club Hotel
Lake Ozark

August 18-19, 2001
Country Club Hotel
Lake Ozark

Annual Convention Dates

April 4-8, 2001
Renaissance St. Louis Hotel
St. Louis

April 10-14, 2002
Renaissance St. Louis Hotel
St. Louis

April 2-6, 2003
Westin Crown Center
Kansas City

March 31-April 4, 2004
Renaissance St. Louis Hotel
St. Louis

How to Use Your MSMA Membership

Free Subscriptions to *Missouri Medicine, Progress Notes*, and the *Legislative Report*

MSMA members receive *Missouri Medicine*, the monthly journal that informs you of the latest medical, socioeconomic, and technological developments. *Progress Notes* alerts members monthly to current trends in medicine that affect your profession and practice. During the legislative session you receive the *Legislative Report*, a weekly review of activities from the Missouri Capitol. Contact Barbara Crader for address changes; Becky Jungermann for contributor information to *Missouri Medicine.*

Physician's Guide to Law and Medicine

MSMA offers the *Physician's Guide to Law and Medicine* to assist members in understanding the laws that affect the practice of medicine. All members receive the comprehensive, regularly-updated guide. Contact Tom Holloway for more information.

Missouri Physicians Health Program

This program helps physicians who have life problems, including substance abuse, mental health issues, litigation stress, and other issues which prevent them from functioning at their best. Contact Jack Croughan, MD, or Robert Bondurant at 800-274-0933 for more information.

Missouri State Medical Foundation

Created in 1960, the Missouri State Medical Foundation has loaned more than $5,000,000 to Missouri medical students. All borrowers must be Missouri residents and have completed one year of medical school. Contact Patrick Mills for more information.

MSMA's World Wide Web Site: www.msma.org

The MSMA World Wide Web site features information on legislative, scientific, and socioeconomic issues that is password-protected for members only. Through an agreement with Sockets, Inc., an Internet Service Provider in Columbia, Mo., MSMA offers to members favorable rates for unlimited Internet access. Contact Becky Jungermann for more information.

Educational Pamphlets

The Missouri State Medical Association has a variety of public health and educational pamphlets for physicians and their patients. Some are free and, for those that are purchased, there is a discount for MSMA members. Contact Lizabeth Starnes for more information.

Legislative Representation

MSMA plays an active role representing you and your colleagues before the General Assembly and government agencies. MSMA monitors more than 1,300 bills and reams of rules and regulations every year to insure that the voice of medicine is heard.

Physician of the Day

Join the team of physicians who serve as the official physician on duty for lawmakers and staff during the legislative session.

Key Contact Network

The highly effective "Key Contact Network" encourages physicians to stay in contact with their lawmakers. Add your voice and influence the political issues confronting medicine. Contact Tom Holloway for more information about legislative services.

Medical Savings Accounts

Self-employed members of MSMA may easily and conveniently purchase their own Medical Savings Account (MSA). Participants will receive a tax break of up to $3,375 per calendar year that may be deducted from their adjusted gross income. Also, as MSA funds accumulate, they earn tax-deferred interest. Contact MSMA at 573-636-5151.

Credit Card Merchant Services

Central Trust offers MSMA members low rates for processing credit card transactions. You do not need to alter your existing banking relationships to access this program. Contact Central Trust at 573-634-1161 for more information.

Physician Placement Service

Medical Employment Directory, Inc. (MED) is MSMA's selected health care recruitment firm. MED, Inc., actively places physicians with a retention rate of 99%. Contact MED at 816-756-3445 or visit their website at www.med-search.com for more information.

Intrav Travel Arrangements

Intrav Travel offers programs that enhance your medical knowledge through scheduled lectures and specifically designed continuing medical education activities, plus the rewards of traveling to some of the world's most intriguing destinations. Contact Intrav Travel at 800-456-0020.

New Car Leasing

Autoflex Leasing is a trusted option for physicians who are either leasing or purchasing a new car. Autoflex has more than 50 lease options available for the vehicle you select. Contact Autoflex Leasing at 888-234-1234 or visit their website at www.autoflex.com.

Collection Services

MSMA-endorsed I.C. Systems, Inc., has a long record of ethical and successful collections. Contact I.C. Systems, Inc. at 800-685-0595.

MSMA MasterCard

The MSMA MasterCard offers a significantly higher credit line and unmatched services including a free HIV supplemental income protection policy, free credit card registration, additional cards, purchase protection for eligible purchases made with the MSMA Card, and 24-hour customer service. Contact Barbara Crader for an application.

Tax Audit Service

TaxResource, Inc., offers complete, highly professional audit defense for one small prepaid, tax-deductible annual fee. Physicians receive representation before, during, and after an audit, unrestricted use of the toll-free 800 number for tax counseling, and a quarterly newsletter. Contact TaxResource at 800-922-8348 for more information.

Contract Review Service

MSMA has established a network of attorneys to review physician employment contracts. They are:

- Randy Gerber, St. Louis,
  Tel: 314-615-6217
- Craig Van Matre, Columbia,
  Tel: 573-874-7777
- Bill Mauck, Springfield,
  Tel: 417-883-7411
- David Patzman, Kansas City,
  Tel: 816-691-2731

The above attorneys have significant experience in physician employment contracts and offer fair prices. Although they have been recommended by the MSMA, please note that the Association is not responsible for any advice rendered or acted upon.

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Term Life Plan. Up to $2 million of coverage. Guaranteed renewable and convertible to permanent life insurance to age 75. Preferred rates on coverage of more than $500,000 (available at age 35 and up). (Underwritten by Reliastar, formally Northwestern Life.)

Accidental Death and Dismemberment Coverage. All MSMA members and their employees under age 60 are guaranteed up to $250,000 of coverage. Spouses may also apply. (Underwritten by Continental Casualty Co.)

Major Medical Plan. Pays up to a lifetime of $1,000,000 per person. Deductible of $1,000 available. Coverage available to members, employees, and dependents. Preferred Provider Option available. (Underwritten by New York Life Insurance Co.)

Vital Information Available

At Your Fingertips.

www.msma.org

Our new "members only" area has a forum where members can meet and share ideas.

While there, physicians can read the latest medical news gathered from around the nation 24 hours a day.

MISSOURI STATE MEDICAL ASSOCIATION

MSMA Council

Governmental Affairs

Publications

Health Care Finance

CME

Meetings

Immunize Your Medicare Patients Against the Flu and Pneumococcal Disease

Tips for Physician Offices/Clinics

When physicians talk about the benefits of vaccination, patients listen

Vaccinate seniors during scheduled visits

- Establish "standing orders" so staff automatically vaccinate older patients against the flu and pneumococcal disease
- Have reception staff ask patients during check-in if they have been immunized against the flu and pneumococcal disease
- Use chart stickers to alert staff to patients who should be vaccinated
- Send postcard reminders to patients to come in for a flu shot during the Fall

Promote vaccinations

- Place educational posters and brochures in the waiting area and exam rooms
- Give educational materials to patients 65 and older during check-in

Talk to patients who have doubts about the flu shot

Educate Medicare patients about why the flu can cause serious health problems in older adults. Remind patients of the following:

- Getting the flu shot helps prevent hospitalization related to the flu
- The flu is easier to get than a cold
- The vaccine does not cause the flu
- In some patients, the flu shot can cause side-effects that feel like the flu, but will go away after a few days
- Even if they get the flu after receiving the shot, symptoms are less serious

Prevention Saves...

Flu & Pneumococcal Vaccines

NATIONAL PNEUMONIA

Medicare Quality Improvement Project

Medicare reimbursement for vaccination

- Physicians can obtain billing form HCFA 1500
- Medicare does not require a physician's order for flu or pneumonia vaccination reimbursement
- If the physician providing the vaccine "takes Medicare assignment," there is no charge to the Medicare beneficiary
- If vaccines are provided by a local health department, physicians can bill Medicare only for giving the vaccination

Use "roster billing"

- Use just one billing form for flu shots and one form for pneumococcal shots to receive reimbursement for vaccinating Medicare patients

Missouri PRO

Committed to positive change in health care quality

www.mpcrf.org

MO-00-06-FLU **Adapted from CMRI**
This material was prepared by Missouri Patient Care Review Foundation under contract with the Health Care Financing Administration (HCFA). The contents do not necessarily reflect HCFA policy.

Alcohol - Abuse

The MSMA continues to support the work of community-based organizations such as AA, Al-Anon, Narcotics Anonymous, and others, and it reaffirms its support of professional and public education efforts designed to alert people to the dangers of alcohol and drug abuse. In addition, the MSMA supports the Physicians Health Program and similar programs aimed at helping the victims of alcohol and drug abuse to recover successfully. (1987)

Alcohol - Driving

The MSMA encourages a zero tolerance law (defined as blood alcohol of 0.02% or greater) for drivers under 21 years of age. Violation of this law would result in suspension or revocation of driver's license. (1996)

Blood Glucose Monitoring

The MSMA recognizes that a written prescription should be sufficient documentation for Medicaid patients to obtain a blood glucose meter every three years and blood glucose test strips as needed. (1997)

Board of Healing Arts

The MSMA encourages and supports legislation directed toward developing a system of checks and balances with regard to the Board of Registration for the Healing Arts' ability to both investigate and assess (tax) physicians. (1992)

Reporting of Cancer

The MSMA supports efforts to require hospitals to report to the state all malignant neoplasms, with the exception of non-melanomatous cutaneous malignancies. These statistical data are necessary to determine relationships between cancer control efforts and the incidence of cancer in the state. (1982)

Collaborative Practice Guidelines

With the exception of extraordinary circumstances, the MSMA declares that a physician should not engage in a collaborative practice arrangement with more than two full-time equivalent advanced practice nurses and/or physician assistants at one time. Also a system of registration of all collaborative practice agreements, within sixty days of their execution, should be established. (1995)

Chelation Therapy

The MSMA supports the use of IV chelation therapy in FDA-approved applications only. (1990)

Chiropractic

The MSMA is unaware of any scientific evidence that proves that spinal manipulation and adjustment are appropriate treatments for such health conditions as hypertension, heart disease, stroke, cancer, diabetes, and infection. (1981)

Continuing Medical Education, Computer Access to

As part of the CME credentialing criteria, it is recommended, but not required, that all syllabus materials including text, tables, figures and graphics be made available on standard personal computer electronic media for those who attend CME programs, where a registration fee is required. (2000)

DEA Numbers

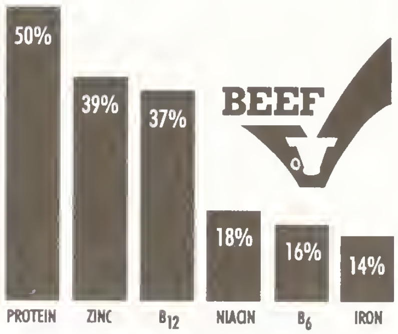
The MSMA will work for legislation to outlaw the use of DEA numbers for non-controlled substances, the release of DEA number data to non-governmental entities, and the use of the numbers to track prescription histories of physicians for commercial use. (1997)

Definition of Death

A person shall be considered dead if, in the announced opinion of a licensed physician, based on ordinary standards of medical practice, he or she has experienced an irreversible cessation of spontaneous respiratory and circulatory functions. In the event that artificial means of support preclude a determination that these functions have ceased, a person

BEEF'S NUTRIENTS ADD UP

Beef serves up a nutrient bundle, in every bite. A 3-ounce serving of lean beef contributes less than 10 percent of calories to a 2000-calorie diet, **yet** it supplies more than 10 percent of the Daily Value for:



Source: USDA Nutrient Database for Standard Reference, Release 13.
© 2000, National Cattlemen's Beef Association and Cattlemen's Beef Board.

For more information, contact:
Cassie Schmidt, R.D.
Missouri Beef Industry Council 573-817-0899
or visit www.mabeef.org.

shall be considered dead if, in the announced opinion of a licensed physician, based on ordinary standards of medical practice, he or she has experienced a total and irreversible cessation of spontaneous brain functions, including the brain stem. Death shall have occurred at the time when the relevant functions ceased. (1987)

Ordering of Diagnostic Tests

With the exception of not-for-profit health fairs and mammography screening, the MSMA is opposed to, and considers unethical, the practice of ordering laboratory studies and other diagnostic tests without evidence or indication obtained by a physician in a history and physical examination. (1989; amended 1991)

Disabled

The MSMA is involved in seeking positive ways to encourage training and rehabilitation for disabled persons. The MSMA works with existing organizations to remove physical and emotional barriers that prevent people from working. (1982)

Drugs, Generic Prescribing

The MSMA opposes any interference into the practice of medicine by any governmental agency, third party payer, or commercial dispensing organization through mandated generic or therapeutic substitutions for physician prescriptions. (1992)

Drugs, Physician Dispensing

The MSMA supports the physician's right to dispense drugs and devices when it is in the best interest of the patient and consistent with the AMA's published ethical guidelines. (1988)

The MSMA believes that dispensing of drugs and medical devices is part of the practice of medicine and that physicians always have the right to dispense needed drugs and devices. (1991)

Drugs, Therapeutic Substitution

The MSMA opposes the therapeutic substitution of prescribed medications. (1990)

Education, Loans for Medical Students

The MSMA supports continued federal and state subsidized, low-interest loan programs for medical students, with properly enforced repayment. (1982)

Education, School Health

County medical societies are urged to work with local school districts to assist in providing comprehensive health education programs, and the state colleges of Missouri are urged to prepare qualified health instructors trained to integrate health concepts into all the courses they teach. (1972)

Emergency Care

The MSMA supports the American College of Emergency Physicians and the American College of Surgeons standards for direct medical control of prehospital (emergency) care by qualified physicians. (1986)

ERISA

The MSMA supports federal legislation that would modify ERISA to hold self-insured, employee health benefits plans accountable for negligent utilization review decisions and ensure meaningful remedies and fair compensation to patients who are injured as a result of such a decision.

MSMA is in support of federal legislation that is developed to modify ERISA from retroactively changing health care benefits, including monetary policy limitations, after an employee has already contracted an illness or condition.

MSMA advocates that these ERISA modifications be included in federal health system reform. (1994)

Ethics, Education in Medical School

The MSMA supports the teaching of medical ethics to medical students and resident physicians, including information on the workings of professional disciplinary agencies. (1987)

Fee-For-Service Medicine

The MSMA believes that the traditional American fee-for-service medical system should be given equal consideration and equal treatment under the law as other systems of health care provision. (1990)

Fee Splitting

The MSMA reaffirms its support of the AMA Judicial Council's position that the acceptance of financial consideration in exchange for patient referrals, or fee splitting, is unethical and improper. (1985)

Fireworks

The MSMA supports legislation to prohibit the sale of Class C fireworks in the state of Missouri. (1991)

Fluoridation

The MSMA, realizing the medical importance of naturally occurring fluoride taken in proper concentration into the human body, recommends the addition of fluoride to all drinking water systems in Missouri in the concentration of one part per million. (1972)

Governmental Intrusion into Practice of Medicine

The MSMA opposes any further governmental intrusion into the practice of medicine, particularly in the form of rules and regulations from federal agencies. (1992)

Health Care Costs

The MSMA encourages individual physicians to do their part in helping moderate increases in health care costs by avoiding overutilization and by using restraint when considering fee increases, in order to keep them in line with general cost of practice increases. (1989)

Health Care Decision-Making, Right to Refuse Treatment

Believing that critical decisions should be left to the patient, the family, or health care surrogate, and not to the state, the MSMA opposes any legislation that would require court approval for the withdrawal of life support systems, including artificial hydration and nutrition. The MSMA opposes legislation that would impose an arbitrary waiting period before such life support could be withdrawn. (1990)

Health Care Decision-Making, Surrogate Decision-Maker

The MSMA supports legislation allowing competent Missourians to appoint a health care surrogate, empowered by the patient to make medical decisions for him or her if he or she be unable. Such authority should include the power to accept or refuse any and all medical treatment for the patient, including artificial nutrition and hydration. (1990)

Health Delivery or Financing Systems

It is MSMA policy that health delivery or financing systems which grant privileges to limited license health care practitioners should consider the education, training, experience, and demonstrated current competence and apply reasonable and non-discriminatory standards when granting similar privileges to licensed physicians. (1998)

Helmets, Use of

The MSMA urges all motorcyclists to wear protective head gear (helmets) to prevent death and disability. (1977)

The MSMA supports legislation requiring the use of bicycle safety helmets as an effective method of reducing death and injury. (1991)

Hemochromatosis

The MSMA encourages all physicians and health plans to include screening for hemochromatosis as part of routine preventive care and encourages the Missouri General Assembly to protect hemochromatosis patients and others with genetic disease from employment and insurance discrimination. (1997)

Home Health Costs

The MSMA urges Medicare to supply physicians with durable medical equipment and home health care services reports to allow physicians to understand the charges associated with services authorized. (1999)

Hospital Medical Staffs, Autonomy

Since the hospital medical staff is a largely autonomous entity within the hospital, the MSMA supports the securing of separate legal counsel by medical staff members when considering matters of rules, regulations and bylaws. (1985)

Hospital Medical Staffs, Membership

The hospital medical staff cannot be forced to accept for full voting membership any member of the allied health professions. This is in keeping with the MSMA's support of existing JCAHO and AMA guidelines that state no hospital governing board can unilaterally amend the bylaws of a self-governing medical staff, nor can it unreasonably withhold approval of the bylaws. (1987)

Tony's
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AAA
Five Diamond Award.

Chosen Number 1
Italian Restaurant
in the nation
by Conde Nast Traveler.

Established 1946

The MSMA supports existing state statutes and regulations that delineate requirements for hospital licensure and individual eligibility for medical staff privileges. (1989)

Human Rights

The MSMA continues to support the dignity of the individual, the importance of human rights and the sanctity of human life, and continues to oppose any discrimination based on an individual's ethnic origin, religious or political beliefs, or any such reprehensible policies. (1986)

Immunization

The MSMA supports American Academy of Pediatrics guidelines for immunization of children. (1987)

Indigent Care

The MSMA urges all physicians to share in the care of indigent patients. (1988)

Insurance Communications

The MSMA urges health insurance companies to cease to communicate abusive and inappropriate language to patients regarding their physicians' fee structures and services. (1985)

Insurance, Maternity Coverage

The MSMA supports inclusion in all insurance policies for those in childbearing years of a clause providing complete maternity coverage. (1974)

Insurance, New Waiting Periods

The MSMA believes employees should not have to undergo a new waiting period for coverage of preexisting illness whenever their employer changes insurance companies, particularly when the change is being made in the interest of controlling health care coverage costs. (1985)

Insurance, Psychiatric Illnesses

The MSMA recommends that the state require all health and accident insurance policies sold in Missouri to provide coverage for psychiatric illnesses equivalent to benefits for other medical and physical illnesses. (1978); Reaffirmed (1985)

Insurance, Right to Know

The MSMA encourages all third party payors to provide an easily understood explanation of their benefits and coverage to their policyholders. (1986)

Insurance, Suicide Attempts

The MSMA believes the insurance industry, including managed care plans, should provide coverage for treatment of patients whose injuries are the result of suicide attempts. (1999)

International Medical Graduates

The MSMA Council and Committees are encouraged to consult with International Medical Graduate groups when subjects of interest come up. All physicians, international medical graduates included, are encouraged to participate in their component medical societies, the MSMA, and the AMA. (1982)

Licensing, Federal

The MSMA opposes any moves to require federal licensure of health manpower. (1976)

Mandated Second Opinion

The MSMA suggests that the physician who renders a mandated second opinion for a proposed surgical procedure not accept that person as a patient for the proposed surgical procedure. (1987)

Mandatory Assignment

The MSMA is opposed to the withholding of medical licensure based on the physician's nonacceptance of Medicare assignment. (1987)

A Healthy Selection

1-888-SINCLAIR

Dave Sinclair Ford
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Lemay Ferry

Dave Sinclair Buick · GMC Trucks
Lindbergh at
Tesson Ferry

Dave Sinclair Lincoln · Mercury
Lindbergh
North of I-55

Dave Sinclair Oldsmobile
Lemay Ferry
at Lindbergh

Dave Sinclair

Medical Examiner System

The establishment of a county medical examiner system as a replacement for the county coroner system is strongly recommended. (1971)

Medical School Funding

The MSMA supports an increase in federal and state funding for medical education at the medical schools in the State of Missouri. (2000)

Medicare-Mandated Restrictions

The MSMA opposes Medicare-mandated restrictions on any laboratory tests, referrals, medical examinations or any financial arrangements that might be agreed upon between physician and patient. (1988)

Medicare - Reimbursement to Starting Physicians

The MSMA believes starting physicians should not be reimbursed at a lower rate than other physicians. All physicians should be reimbursed equally for equal services. (1992)

Medicare - Single Statewide Payment Factor

The MSMA supports the adoption by the Health Care Financing Administration of a single, statewide geographic Medicare physician payment adjustment factor for the state of Missouri. (1992)

Medicare - Reimbursement, Hospital DRGs

The MSMA believes it is unfair for Medicare to grant a lower payment to rural hospitals, as compared to urban hospitals, for patient care under the same DRG. (1988); Reaffirmed (1989)

Mergers

The MSMA shall act as physicians' liaison with the state on matters of alliances of payors and providers, conversion of not-for-profit entities and mergers involving payors, insurers, and hospitals. (1997)

MSMF Loans

The Missouri State Medical Foundation requires membership in the Missouri State Medical Association for those medical students eligible for membership and receiving assistance from the Foundation. (1980)

Patient Accountability

The MSMA encourages government, at all levels and whenever possible, to incorporate incentives for patients to behave in ways not detrimental to their health. (1992)

Peer Review Organization Review

The MSMA reaffirms its belief that physicians' work should be reviewed only by other physicians. In addition, the MSMA supports the modification of PRO standards of reviewer anonymity, believing that the reviewers' work should also be subject to review. (1990)

PHO Open Enrollment

The MSMA supports open enrollment of qualified physicians in their hospitals' PHOs in order to

When we enter this world, we're surrounded by love, comfort and care.
Don't we deserve the same when we leave?

We believe the end of life can be a meaningful time for patients and their loved ones. Our patients receive treatment and care necessary for physical, emotional & spiritual well-being. For help coping with terminal illness call **1-800-950-4844.**

American Heartland Hospice
St. Louis & Troy, MO

HOSPICE
National Hospice Organization
Hospice Association of America

preserve physicians' right to participate in any health care plan operating in Missouri. (1994)

Physician and Extender(s) Team

The MSMA acknowledges physicians working as a team with extenders to provide patients access to medical and health care. The MSMA also acknowledges that continued physician involvement and monitoring of the patient is essential and that a significant change in the patient's condition requires the physician to reevaluate the patient. Also, under no circumstances, shall a physician relinquish the ultimate care and responsibility of a patient to anyone other than a licensed physician. (1998)

Physician as Patient Advocate

The MSMA affirms its support of the physician in the role of patient advocate in the consumption of health care services, particularly when this role conflicts with the economic goals of the physician's employing third party. (1987)

Physician Leadership in Health Care

The MSMA will actively promote increased physician involvement in administrative and medical decision making. (1998)

Physician, Right to Choose

The MSMA supports the right of each physician to determine for him or herself whom he or she will or will not accept as patients and to exercise his or her choice by the terms of contractual agreements with other physicians, medical groups, third party payers, governmental agencies, hospitals or other institutions. (1981; updated 1992)

Physician, Right to Hospital Privileges

The MSMA is opposed to the granting of hospital privileges to a physician based on that physician's profitability to the hospital. (1988)

Political Process

The Association encourages physicians to become Key Contacts, thereby increasing medicine's role in influencing actions taken by the Missouri General Assembly on issues of importance to our patients and our profession. (1983)

Primary Medical Care

Primary medical care shall be defined as only that care given by a licensed graduate of a medical or osteopathic school. (1977)

Qualifications/Licensure, Disclosure

During the initial encounter and establishment of the physician-patient relationship the MSMA encourages physicians to disclose to patients their identity, credentials, and licensure. (1998)

Referral to Licensed Limited Practitioner

A physician may refer a patient for diagnostic or therapeutic services to another physician, licensed limited practitioner, or any other licensed provider of health care services whenever the physician feels that these services will benefit the patient. As is the case with physician referrals, limited practitioner referrals should be based on the practitioner's individual competence and ability to perform service to the patient. (1981)

References to Physicians and Patients

The MSMA encourages that physicians be referred to as physicians and patients be referred to as patients in internal and external literature and communications such as journals, brochures, media, interviews, lectures, etc. (1998)

Registered Dietitians

The MSMA supports the concept that any person using the title "dietitian" should be a Registered Dietitian. (1987)

School Bus Safety

The MSMA endorses special pre-licensing examination and investigation of prospective school bus drivers in Missouri, according to criteria established by law. (1986)

Seatbelts

The MSMA supports primary enforcement of seatbelt laws and the prohibition of passengers in pickup truck open beds (1997)

Tobacco

The MSMA should pursue an increase in the state tax on cigarettes to fund public education to counter the effects of tobacco advertising and encourage local governments to require retailers to purchase a license to sell tobacco. (1997)

The Missouri State Medical Association and its member doctors should actively support and lobby the Missouri legislature for the following changes in state law.

- The state will license retailers who sell tobacco products. Repeated sales of cigarettes to minors will result in penalties including license revocation.
- All self-service cigarette and spit tobacco displays will be banned except in areas accessible by adults only.
- All cigarette vending machines will be banned.
- The practice of offering free samples and the sale of single cigarettes will be banned.

- All outdoor advertising and store front displays in predominantly residential neighborhoods and within one-half mile of schools, churches, and day care centers will be banned.
- Stricter, more explicit health warning labels on cigarette packs and other tobacco containers will be required.
- Tobacco companies will be required to disclose publicly to the Missouri Department of Health the content of their products.
- Tobacco companies will be required to disclose the nicotine yield in their products.
- Missouri's tobacco-free school law will be expanded to include non-classroom facilities, school grounds, and outdoor areas.
- The per pack state cigarette tax will be increased from 17 cents to 65 cents.
- The state will increase funding for tobacco education and smoking cessation programs.
- The sale of tobacco products over the Internet to Missouri residents would be banned. (1998)

The MSMA and its member doctors should actively support and lobby the Missouri legislature to ban smoking in indoor workplaces, public places, and restaurants. The MSMA also recommends that cities, communities, and private restaurants consider adopting a smoke-free policy in restaurants. (1998)

Universal Referral Form

The MSMA believes that practitioners within the State of Missouri may submit a Universal Referral Form, without penalty, in lieu of a specific form developed by the company for the referral process and that insurers may not delay or otherwise compromise the referral process solely because the referral request is made with the Universal Referral Form rather than the company's own form. (1999)

Utilization Review, Reimbursement

In those hospitals that conduct utilization review of any inpatient care, compensation of physicians for such review is a legitimate expense. The cost of such review should be included in hospital rates and reimbursable costs regardless of the source of payment. (1976)

Voluntary Hospitalist Programs

1. MSMA policy states that (a) managed care plan enrollees and prospective enrollees should receive prior notification regarding the implementation and use of "admitting officer" or "hospitalist" programs: (b) participation in admitting officer or hospitalist programs developed and implemented by managed care or other health care organizations should be at the voluntary discretion of the patient and the patient's physician; and (c) hospitalist systems when initiated by a hospital or managed care organization should be developed consistent with MSMA policy on medical staff bylaws and implemented with approval of the organized medical staff to assure that the principles and structure of the autonomous and self-governing medical staff are retained.
2. The hospitals and other health care organizations should not compel physicians by contractual obligation to assign their patients to "Hospitalists" and that no punitive measure should be imposed on physicians or patients who decline participation in "hospitalists programs."
3. The MSMA opposes a hospitalist model that disrupts the patient/physician relationship or the continuity of patient care and jeopardizes the integrity of inpatient privileges of attending physicians and physician consultants. (1999)

MSMA Annual Convention

April 4-8, 2001

Renaissance
St. Louis Hotel

St. Louis, MO

photo provided by Scott Turner, MD

Constitution & Bylaws

(adopted 1903, revised April 2000)

Article I. Name of the Association

The name and title of this organization shall be the Missouri State Medical Association.

Article II. Mission

The Mission of the Missouri State Medical Association is to serve its members through promotion of the science and art of medicine, protection of the health of the public, and betterment of the medical profession in Missouri.

Article III. Membership

Membership in this Association shall be limited to and include all members in good standing in component societies which hold charters from this Association.

Article IV. House of Delegates

The House of Delegates shall be the legislative body of this Association and shall consist of delegates elected by the component societies as well as all Past Presidents of the Association, the Speaker and Vice Speaker and the Deans of each medical school located in Missouri who are members of the Missouri State Medical Association, who shall serve as Delegates-at-Large. Its Secretary shall be the Secretary of the Missouri State Medical Association.

Article V. Council

The Council shall be the executive body of this Association when the House of Delegates is not in session. It shall consist of the President, President-Elect, Immediate Past President, First Vice President, Secretary, and Treasurer, the duly elected Councilors from each Councilor District and the duly elected Councilors from the Medical Student Section, the Resident Physician Section, the Young Physician Section, the Organized Medical Staff Section, and the International Medical Graduate Section. A majority of voting members of the Council shall constitute a quorum.

Article VI. Council on Ethical and Judicial Affairs

The Council on Ethical and Judicial Affairs shall be the judicial body of the Association. It shall consist of five active members nominated by the President and elected by the House of Delegates.

Article VII. Sessions & Meetings

Section 1. The Association shall hold an annual Spring Convention of the House of Delegates, at places fixed by the House of Delegates, the time of which shall be fixed by the Council. During the Annual Convention, the House shall hold at least three sessions.

Section 2. Special meetings of the Association or the House of Delegates may be called by a two-thirds vote of the Council and shall be called upon a petition signed by members equal in number to one-third of the total number of delegates certified from the last Annual Convention.

Article VIII. Officers

Section 1. The Officers of this Association shall be a President, a President-Elect, three Vice Presidents, a Secretary, a Treasurer, a Speaker and a Vice Speaker of the House of Delegates, and Councilors selected as provided for.

Section 2. The Officers shall be elected annually. The term of Councilors and Vice Councilors shall be two years, except for the duly elected medical student Councilor, resident physician Councilor and organized medical staff Councilor, who shall each be elected for a one-year term. Half of the membership of the Council shall be elected each year. The delegates from each Councilor District shall meet prior to the last day of the Annual Convention and elect the Councilor(s) and Vice-Councilor from that district. The Delegates from the Medical Student Section, the Resident Physician Section, the Young Physician Section, the Organized Medical Staff Section, and the International Medical Graduate Section shall meet prior to the last day of the Annual Convention and elect their respective Councilor. In the event of death, resignation or removal of any Councilor, the Vice Councilor shall automatically fill the vacancy. The Officers shall serve until their successors are elected and installed.

Article IX. Funds, Expenses and Budget

The Council shall submit an annual budget to the House of Delegates. All resolutions providing for appropriations shall be referred to the Council and all appropriations approved by the Council shall be included in the annual budget.

Article X. Referendum

At any General Meeting of the Association, it may, by a two-thirds vote, order a general referendum upon any question pending before the House of Delegates. The House of Delegates may, by a vote of its members, submit any question to the membership of the Association for its vote. A majority vote of all members of the Association shall determine the question.

Petitions signed by 10 percent of the active members of the Association, including petitioners representing at least one-half of the component medical societies, will initiate a referendum regarding changes in the Constitution and Bylaws or questions before the House of Delegates. A two-thirds vote of all active members of the Association responding will determine the question.

Article XI. Seal

The Association shall have a common seal. The power to change or renew the seal shall rest with the House of Delegates.

Article XII. Amendments

The House of Delegates may amend an article of the onstitution by a two-thirds vote of the delegates present and voting in any Annual Convention, provided that such amendment shall have been publishe twice during the year in the Journal of the Association or sent officially to each component society at least two months prior to the meeting at which final action to be taken.

apter I. Membership

Section 1. Members of this Association ll be those individuals whose names have en certified by secretaries of component ieties to the Secretary of this Association t they are duly elected members of a nponent society and are legally qualified ysicians practicing in Missouri, except as erwise provided. Each member must be good moral and professional standing, and st not support, nor practice, nor claim to ctice any exclusive system of medicine.

ection 2. No person who is under tence of suspension or expulsion from component society of this Association whose name has been dropped from its of members shall be entitled to any of rights or benefits of this Association.

ection 3. There shall be five classes of nbers as follows:

ctive members shall be limited to those nbers of component societies who (1) l the degree of Doctor of Medicine or helor of Medicine, and (2) if permitted he bylaws of the component society, nbers who hold the degree of Doctor of opathy, and (3) are entitled to exercise rights of active membership in their ponent societies, as determined by their ponent societies, subject to the isions of these Bylaws.

esident members shall be limited to e members of the Resident Physician ion who are serving a full-time post- uate training program in a hospital oved by the American Medical ciation and shall enjoy all of the leges of active membership.

udent members shall be limited to members of the Medical Student on who are pursuing a course of study ng to the degree of Doctor of Medicine octor of Osteopathy in a medical school ved by the American Medical ciation or American Osteopathic ciation and shall have all the privileges tive membership.

nor members shall be limited to r members of component societies, h societies have requested that active bers who have reached advanced years ave long served the Association and the ssion be made Honor members of the ciation. They shall enjoy all the eges of active membership and shall be pt from the payment of dues.

Secial Dues-Exempt members shall be d to those members of component ies who have been elected to the U.S. ress, the Missouri State Legislature, or office in the executive branch of the or federal government. They shall be exempt from the payment of dues until the term of their political office expires, and shall enjoy all the privileges of active membership.

Affiliate Members shall be those individuals who contribute to the health care of the public through employment service to MSMA members and component societies and who are not otherwise eligible for active membership. The criteria for affiliate membership and the policies governing the participation of affiliate members shall be established and maintained by the Council. Affiliate members shall have no voting rights nor will this class of membership apply toward House of Delegates or Council representation.

Chapter II. General Meetings

Section 1. The General Meetings shall be open to all registered members and guests.

Section 2. Any paper read before this Association shall be considered for publication in the Journal if the author so desires. Such papers may be given publication priority over regularly submitted papers but shall be subject to the same editorial review and selection policies.

Section 3. No person in the active practice of medicine in the State of Missouri shall appear on the program of the Association unless that person is a member of the Missouri State Medical Association or sponsored by a member. In the latter situation, the paper would be considered that presented by a member.

Chapter III. House of Delegates

Section 1. The House of Delegates shall meet annually at the time and place of the Annual Convention.

All resolutions received at the Association office no later than 45 days prior to the opening session of the Annual Convention will be accepted as business of the House of Delegates and will be published in the Delegate's Handbook. Any additional resolutions to be introduced at the opening session must be made available to each member of the House of Delegates at least 24 hours before the opening session. These will be accepted as business of the House at the opening session and will be referred to an appropriate Reference Committee. Resolutions introduced at the opening session, but which did not meet the 24-hour deadline, will be referred to a Reference Committee only if approved by two-thirds of the Delegates voting. Sufficient copies of the resolution, printed in standardized format, or funding for same, must be supplied by the individual or society introducing the resolution.

At the second session of the House of Delegates, introduction of Resolutions would be allowed only if approved by two-thirds of the delegates voting. The same procedure with regard to resolutions would be followed at the last session, but it would then take a unanimous vote of the House to allow such introduction. At the discretion of the Speaker, these conditions would not apply for resolutions of good wishes, condolences, congratulations and others of a personal nature.

Section 2. Delegates to the House of Delegates shall be allotted according to the following formula:

(a). Each component society shall be entitled to send each year one delegate or one alternate for each 25 full paid members or fraction thereof in the Association as of December 31 of the previous year.

(b). One additional delegate or alternate is allowed for each 100 members or major fraction thereof as of December 31 of the previous year.

(c). When a component society's full paid membership as of December 31 of the previous year reaches 1,000, that society shall be entitled to an additional 30 delegates or alternates.

(d). When a component society's full paid membership as of December 31 of the previous year reaches 2,000, that society shall be entitled to an additional 50 delegates or alternates.

(e). Each component society which is composed of two or more counties shall be entitled to at least one delegate from each of the counties having one or more member physicians practicing in the county of which the component society is composed; however, such delegates from multi-county component societies must practice or reside in the county they represent. Alternate delegates may be elected from the entire membership of the component medical societies.

(f). All Past Presidents of the Association, the Speaker and Vice Speaker, and the deans of each medical school located in Missouri who are members of the Missouri State Medical Association shall serve as Delegates-at-Large.

(g). Only duly elected delegates have the privilege of the floor at meetings of the House of Delegates. However, any delegate may request the privilege of the floor for any other individual, which privilege may be granted or denied by the Speaker, subject to disapproval by a majority vote of the House of Delegates.

Section 3. Each Medical School Component Society shall be entitled to send each year two delegates, elected by the component society, to represent the Medical Student Section in the House of Delegates at the Annual Convention. Each delegate shall be a member in good standing with this Association and the component society. Such student delegates shall enjoy all the rights and privileges of all other delegates.

Section 4. The Resident Physician Section shall be entitled to send each year six delegates elected by the Section to the House of Delegates at the Annual Convention. Each delegate shall be a member in good standing with this Association. Such resident delegates shall enjoy all rights and privileges of all other delegates.

Section 5. The Organized Medical Staff Section shall be entitled to send each year one delegate elected by the Section to the House of Delegates at the Annual Convention. Each delegate shall be a member in good standing with this Association and the Section. Such delegates shall enjoy all rights and privileges of all other delegates.

Section 6. The International Medical Graduate Section shall be entitled to send each year one delegate and one alternate elected by the Section to the House of Delegates at the Annual Convention. Each delegate and alternate shall be a member in good standing with this Association and the Section. Such delegates shall enjoy all the rights and privileges of all other delegates.

Section 7. The Young Physician Section shall be entitled to send each year one delegate and one alternate elected by the Section to the House of Delegates at the Annual Convention. Each delegate and alternate shall be a member in good standing with this Association and the Section. Such delegates shall enjoy all the rights and privileges of all other delegates.

Section 8. Forty delegates shall constitute a quorum of the House of Delegates. All meetings of the House of Delegates shall be open to members of the Association.

Section 9. From among members of the House of Delegates, the Speaker shall appoint reference committees to which reports and resolutions, on a majority vote of the House of Delegates, shall be referred as follows:

Reference Committee A
Reference Committee B
Reference Committee C
Reference Committee D
Reference Committee E

The Speaker may appoint such other reference committees as deemed necessary, upon approval of the House of Delegates.

The President shall appoint a Committee on Credentials.

Section 10. The House of Delegates shall elect delegates and alternates to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

Section 11. The House of Delegates shall divide the state into Councilor Districts, specifying which counties each district shall include and, when the best interest of the Association and the profession will be promoted thereby, organize in each a district medical society of which all members of the component societies shall be members.

Section 12. The House of Delegates shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates. Such committees shall report to the House of Delegates and may be present and participate in the debate on their reports.

Section 13. The House of Delegates shall receive and act upon a complete detailed annual audit of receipts and expenses of the preceding year and a proposed budget for the current calendar year which shall have been prepared by the Council and submitted to the component societies at least four weeks prior to the Annual Convention. These shall be published in the Journal.

Section 14. The following shall be the general order of business of the House of Delegates for the first session of the Convention.

1. Call to order by the Speaker.
2. Report of the Committee on Credentials.
3. Roll Call.
4. Reading and adoption of minutes.
5. Report of officers.
6. Report of committees.
7. Unfinished business.
8. New business.

The following shall be the general order of business of the House of Delegates for the last session of the Convention.

1. Call to order by the Speaker.
2. Report of the Committee on Credentials.
3. Roll Call.
4. Reading and adoption of minutes.
5. Election of officers.
6. Reports of officers.
7. Reports of committees.
8. Unfinished business.
9. New business (Chap. III, Sec. 1).
10. Installation of officers.
11. President's appointments and installation of members to committees.
12. Selection of the place for the next Annual Convention.

At any session of the House of Delegates, the order of business may be changed by a two-thirds affirmative vote of the members present and voting.

Chapter IV. Election of Officers

Section 1. The President, on the first day of the Annual Convention, shall select a Committee on Nominations consisting of fifteen delegates, one from each Councilor District, one from the Medical Student Section, one from the Organized Medical Staff Section, one from the Resident Physician Section, one from the Internation Medical Graduate Section and one from the Young Physician Section.

The Committee on Nominations shall determine that proposed candidates for office are qualified and willing to serve and shall report at the Second Session to the House o Delegates in the form of a ticket containing the names of one or more members for each the officers listed in Article VIII of the Constitution, which are to be filled at the Annual Convention, excepting the Secretary and Treasurer, who are elected by the Council from the general membership.

Section 2. All contested elections shall be by written ballot. A majority of the votes cast shall be necessary to elect.

Delegates and Alternates for the America Medical Association shall be elected as follows:

The Nominating Committee shall propos one or more candidates for each delegate position for a full two-year term, one or more candidates for each alternate position for a full two-year term, and one or more names for each unexpired position.

When a nomination for AMA delegate term is contested, the AMA delegates shall be elected by ballot. Each MSMA delegate may have one vote for each delegate to be elected and each vote shall be cast for a different nominee. A nominee is elected if he she receives votes on the majority of the ballots cast, and has the highest number of votes cast for that position. If all vacancies for AMA delegates are not filled on the first ballot, then subsequent ballots will be taken with the nominee receiving the fewest number of votes cast in each subsequent ballot dropping out of consideration on the next ballot and each MSMA delegate casting one vote for each position in each subsequent ballot until one nominee for each position is elected.

The election for AMA alternates and an election to fill an unexpired term will be conducted in the same manner.

In case no nominee for general offices of the Association (see Article VIII, Constitution) receives a majority of the votes on the first ballot, the nominee receiving the lowes mber of votes shall be dropped and a new lot taken. This procedure shall be ntinued until one of the nominees receives a jority of all the votes cast, when that minee shall be declared elected.

Section 3. Nothing in this chapter shall be nstrued to prevent additional nominations ng made from the floor by members of the use of Delegates.

Section 4. Delegates present at the Annual nvention from Councilor Districts whose uncilors' and Vice Councilor's terms pire shall hold meetings on or before the rning of the last day of the Annual nvention and elect Councilor(s) and a Vice uncilor for their district for a term of two rs. The names of the elected Councilor(s) Vice Councilors shall be given on scribed forms to the Secretary for sentation to the House of Delegates. Each didate for Councilor or Vice Councilor st reside or practice in the district for ch that candidate is elected.

ection 5. Each Councilor District shall be tled to one Councilor for each 400 full al members or portion thereof and full al members of the Resident Physician Se ion training in that Councilor District as of ecember 31 of the preceding year. Each Di rict shall be entitled to one Vice C ncilor.

ection 6. Delegates from the Medical St dent Section shall combine and elect one C ncilor and one Vice Councilor. The duly ele ted Councilor and Vice Councilor from th medical student component societies sh serve on an annual renewable basis.

ection 7. Delegates from the Resident Ph sician Section shall combine and elect on Councilor and one Vice Councilor. The du elected Councilor and Vice Councilor fro the Resident Physician Section shall ser e on an annual renewable basis.

ection 8. The Organized Medical Staff Se ion shall combine and elect one Co ncilor and one Vice Councilor. The duly ele ed Councilor and Vice Councilor from the Organized Medical Staff Section shall ser e on an annual renewable basis.

ction 9. The International Medical Gr uate Section shall combine and elect one Co ncilor and one Vice Councilor. The duly ele ed Councilor and Vice Councilor from the nternational Medical Graduate Section sha serve on a two-year renewable basis.

ction 10. TheYoung Physician Section sha combine and elect one Councilor and one Vice Councilor. The duly elected Co ncilor and Vice Councilor from the Yo ng Physician Section shall serve on a two year renewable basis.

ction 11. The Speaker and Vice Speaker sha not serve more than three consecutive terms.

Section 12. The Speaker shall appoint a parliamentarian to serve as such during the sessions of the House of Delegates at each Annual Convention and upon whom the Speaker may call before deciding points of order or procedure.

Chapter V. Duties of Officers

Section 1. The **President**, or a designated representative, shall preside at scientific sessions of the Association. The President shall preside at the House of Delegates in the absence of the Speaker or Vice Speaker and until their successors are elected. The President shall appoint all committees not otherwise provided for. The President shall deliver an annual address at such times as may be arranged and shall perform such other duties as custom or parliamentary usage requires. The President shall be the real head of the profession of the state and assist the Councilors in building up the component societies and in making their work more practical and useful.

Section 2. The **President** and the **President-Elect** shall be members of the Council and shall attend all meetings of the Council. The President-Elect shall assume the office of the President at the Annual Convention following the election to the position of President-Elect. Should the office of President-Elect become vacant through death or otherwise, the Council may fill the vacancy by appointment until the next Annual Convention.

Section 3. The **Vice Presidents** shall assist the President in the discharge of presidential duties. Prior to the meeting of the Nominating Committee, the President-Elect shall recommend to the Nominating Committee the name of a member to serve as First Vice President. In the event of the death, resignation, or removal of the President, the First Vice President shall serve as President for the unexpired term.

Section 4. The **Treasurer** shall give bond in the sum of $50,000. The Treasurer shall demand and receive all funds due the Association, together with bequests and donations. Money shall be paid out of the treasury only on the written order of the President and Executive Vice President, the President and Treasurer, or the Treasurer and Executive Vice President. The Treasurer shall subject the accounts to such examination as the House of Delegates may order, and shall annually render an account of treasury actions and of the state of the funds in his/her hands.

Section 5. The **Secretary** shall attend the General Meeting of the Association and the sessions of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He/She shall be Secretary of the Council and shall keep a record of its proceedings. The Secretary shall be the custodian of all record books and papers belonging to the Association, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Association that come into his/her hands. The Secretary shall provide for the registration of the members and delegates at the Annual Convention. The Secretary shall, with the cooperation of the secretaries of the component societies, keep a register of all the legal practitioners of the state by counties, noting on each the status in relation to the practitioner's component society, and shall transmit a copy of this list to the American Medical Association, transmitting to its secretary each month a report containing the names of new members and the names of those dropped from the membership roster during the preceding month. The Secretary shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. The Secretary shall employ such assistants as may be ordered by the Council and shall make an annual report to the House of Delegates. The Secretary shall supply all component societies with the necessary blanks for making their reports and shall collect from them the regular per capita dues and assessments and turn the same over to the Treasurer.

Chapter VI. Council

Section 1. The Council shall meet during the Annual Convention and at such times as necessity may require, subject to the call of the Chair or on petition of three Councilors. It shall meet on the last day of the Annual Convention to organize. The Council shall elect a Chair and a Vice Chair for a term of one year. The Chair may be reelected to serve not more than four consecutive terms of one year each. The Council shall, through its Chair, make an annual report to the House of Delegates.

Section 2. Each Councilor shall be organizer, peacemaker and censor for his/her district. The Councilor shall visit each county in the district at least once a year for the purpose of organizing component societies where none exists, for inquiring into the condition of the profession, and to keep in touch with the activities of and aid in the betterment of the component societies of the district. The Councilor shall make reports of the work and the condition of the profession of each county in that district to the Council. The necessary traveling expenses incurred by each Councilor in the line of duties herein imposed may be allowed on a properly itemized statement submitted monthly and within the current year, including the expense in attending the Annual Convention of the Association. No Councilor shall be eligible for the position of Delegate to the House of Delegates during his/her term of office as Councilor, nor shall a Councilor vote in the House of Delegates.

Section 3. The Council shall be the executive body of the Association and between the Annual Conventions shall exercise the power conferred on it by the House of Delegates under the Constitution and Bylaws.

Section 4. Charters shall be issued to component societies only on approval of the Council and shall be signed by the President and Secretary of this Association. Upon the recommendation of the Council, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and Bylaws.

Section 5. In sparsely settled sections, the Council shall have authority to organize the members of two or more counties into societies, to be suitably designed so as to distinguish them from district societies. These societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

Section 6. The Council shall provide for and supervise the issuance of all publications of the Association including proceedings, the transactions and memoirs, and shall have authority to appoint an Editor and such assistants as it deems necessary. It shall prescribe the methods of accounting and through a committee of three of its members, to be known as a Committee on Auditing and Appropriations, shall audit all accounts of this Association. The Council shall adopt an annual budget providing for the necessary expenses of the Association for the following calendar year. This budget shall be prepared and presented for consideration in the last quarter of each year by the Committee on Auditing and Appropriations. A complete and detailed report shall be submitted to the component societies as provided in Chapter III, Section 13. The Council shall submit an annual report to the House of Delegates which shall specify the character and cost of the publications of the Association, the amount and character of all its property, and shall provide full information concerning the management of all affairs of the Association which the Council is charged to administer.

Section 7. The Council shall appoint, at least six months prior to the Annual Convention, a committee consisting of three of its members to be known as the Committee on Arrangements for the Annual Convention. On recommendation of the Committee, the Council shall appoint a Chair of a Local Committee on Arrangements, who shall be a member of the component society of the county in which the Annual Convention is to be held, and who shall appoint and organize from the members of the component society the personnel of the Local Committee on Arrangements. The Local Committee on Arrangements shall serve as host for the Annual Convention and shall also act in an advisory capacity for the staff of the Executive Vice President of the Association, who is responsible for arrangements for the Annual Convention.

Section 8. The Council shall by appointment fill any vacancy in office not otherwise provided for which may occur during the interval between Annual Conventions of the House of Delegates; the appointee shall serve until the successor has been elected and has qualified.

Section 9. The salaries of all employees of the Association shall be fixed by the Council.

Section 10. The Council shall provide such headquarters for the Association as may be required to conduct its business properly.

Section 11. The Council shall be empowered to elect an Executive Vice President and such other personnel as may be necessary, who need not be members of the Missouri State Medical Association, each of whom shall perform such duties as the Council may designate and receive such salary and serve for such periods and under such conditions as the Council may determine.

Chapter VII. Committees and Commissions

Section 1. Standing Committees of the Missouri State Medical Association, the Chairs of which shall be appointed by the Association President unless otherwise provided in these Bylaws, will be as follows:

Executive Committee.
Committee on Constitution and Bylaws.
Committee on Publication.
Committee on Legislative Affairs.
Committee on Planning.
Physicians Health Committee.

The **Executive Committee** shall consist of the Association President, the Immediate Past President, President-Elect, First Vice President, Secretary, Treasurer, Council Chair and Council Vice Chair. The Presiden of the Association shall be Chair of the Executive Committee. The Executive Committee shall plan and execute such wor as may be necessary for the welfare of the Association and the conduct of the Executi Vice President's Office between meetings o the Council, but shall be responsible at all times to the Council.

The Committee on **Constitution and Bylaws** shall consist of five members name by the President and shall propose such amendments to the Constitution and Bylaw as are deemed wise and expedient and bring before the House of Delegates such amendments as it or other members of the Association may present for consideration. The President shall appoint one member fo one year, two members for two years and two members for three years. As the term each expires, a successor shall be appointe for a term of three years.

The Committee on **Publication** shall consist of five members and be appointed annually by the Council and shall be responsible for general publication and distribution policies of the Journal. The editor of the Journal shall be designated by the Council and also shall serve as Chair of the Committee on Publication. The Editor shall be empowered to nominate an Editori Board, subject to approval by the Council. The members of the Editorial Board will assist the Editor in soliciting, preparing an reviewing material for publication in the Journal.

The Committee on **Legislative Affairs** shall consist of fifteen members of the Association, appointed annually by the President. The President may appoint up to five non-voting, ex officio members. Th Committee shall consider legislative proposals affecting health problems of the people of the state and the practice of medicine and shall make recommendations the Council and the House of Delegates as well as directing staff activities in such matters.

The **Planning Committee** shall consis of ten members to be appointed by the President. Two members shall be appointe for one year, two for two years, two for three years, two for four years and two fo five years. As the term of each expires, a successor shall be appointed for a term of five years. In making such appointments, President shall be governed by experience the member, the size of the respective medical society and geographical area, so a have a representative committee. Age of members shall be considered to the end t one-third to one-half of the committee ll be of an age group that should ntemplate ten to twenty years more of ive practice.

The **Physicians Health Committee** shall sist of members of the Association pointed by the President for a term of e years. The Physicians Health nmittee shall plan and execute programs professional assistance for members of Association who may require assistance continue or return to their professional vities.

he Committee shall evaluate, maintain, monitor the quality and utilization of lth care services or exercise any combina of such responsibilities of the members is program.

ection 2. Standing Commissions of the Msouri State Medical Association, who h l be responsible to the Council and se Chairs shall be appointed by the ociation President, will be as follows:

Cmission on Public Affairs.

Cmission on Medical Economics, Third arty Medicine and Governmental elations.

Cmission on Continuing Education d Health Manpower.

Cmission on Medical-Legal Affairs.

Cmission on Interspecialty Medicine.

ubsec. a. The standing commissions, unss otherwise provided in these Bylaws, sha consist of fifteen members serving thr-year terms and the terms will be staered so that the President will appoint fiv members of each Commission each year. Ini lly, the President will appoint five me bers to one-year terms, five members to tw year terms and five members to three-yea terms and no member shall serve more tha two consecutive terms.

bsec. b. The Chair of each Commission ma appoint Ad Hoc Committees to carry out e Commission's programs. These Ad Ho committees may include any Missouri Sta Medical Association member.

bsec. c. The Chair of the Council shall app int each year an appropriate Councilor o s ve as advisor to each respective Co mission.

e Commission on **Public Affairs** shall pla and execute programs designed to enh nce the relationship between the public and e medical profession. The Commission sha have responsibility in the fields of n trial health, environmental health, me ine and religion, trauma, disaster me al care and national defense and other pub matters.

The Commission on **Medical Economics, Third Party Medicine and Governmental Relations** shall keep close liaison and work with peer and utilization review mechanisms, insurance intermediaries and governmental agencies.

The Commission on **Continuing Education and Health Manpower** shall determine the character and scope of the scientific proceedings of the Association for each Annual Convention as well as to make all arrangements for such Annual Convention, subject to the instructions of the House of Delegates. The Commission shall also be responsible for the entire continuing education program of the Association, shall have all matters pertaining to hospitals referred to it, shall carry on all programs in the recruitment of health manpower in professional as well as in allied health fields and shall be responsible for programs in the rural health field.

The Commission on **Medical-Legal Affairs** shall investigate and study medical-legal matters affecting the practice of medicine, make recommendations to the Council and House of Delegates and also make certain that all Association members are kept informed of important developments in this field. The Commission also may work with similar groups formed by the State Bar Association on matters of joint interest and concern as well as with governmental and insurance agencies in this field.

The Commission on **Interspecialty Medicine** shall be composed of one representative of each statewide specialty group as recognized by the Association Council. The President of the Missouri State Medical Association shall appoint annually to the Commission a representative from each of the authorized groups as submitted to the President by the specialty organization. In the event that such a nominee is not submitted by an organization, the Association President may designate a member of the specialty group to serve on the Commission.

The Commission shall be charged with the responsibility of reviewing organization problems with respect to scientific programs, socioeconomic and legislative matters that affect their particular specialties; in addition, the Commission shall have the responsibility for programs and activities in fields relating to disease and health services involving the citizens of our state and such other matters as the Council shall direct. Also, the Commission shall provide close liaison between the various specialty organizations and the Missouri State Medical Association.

Section 3. Fifty percent of a Committee or a Commission should be present at an official meeting to constitute a quorum.

Section 4. Special committees may be appointed by the President or the Council as circumstances may demand.

Chapter VIII. Medical Student Section

Section 1. Membership. Membership in the section shall be limited to Missouri State Medical Association members who are also students at an accredited medical school in the state of Missouri. The Section shall be the unifying body for the independent Medical School Component Societies in the state.

Section 2. Governing Council. There shall be a Governing Council of the Medical Student Section to direct the programs and activities of the section, subject to the approval of the MSMA Council.

Section 3. Members of the Governing Council. There shall be five voting members of the Governing Council, consisting of the officers, the Student Councilor and the Student Vice Councilor.

(a). Officers. The officers of the section shall have the following duties and responsibilities:

(b). Chair. The Chair shall preside at the business meetings of the section and at meetings of the Governing Council.

(c). Vice Chair. The Vice Chair shall assist the Chair and preside in the absence of the Chair or at his/her request.

(d). Secretary/Treasurer. The Secretary/Treasurer shall maintain such records and accounts as may be necessary or advisable for the conduct of the activities of the section.

(e). Councilor and Vice Councilor. The Councilor and Vice Councilor shall be elected by the members of the respective Medical School Component Society. The Medical School Component Society from which the Councilor and Vice Councilor shall be elected will be on an annual rotating basis.

(f). Delegates. Each Medical School Component Society shall elect two Delegates to represent the Medical Student Section in the MSMA House of Delegates.

Section 4. Term. Governing Council members, including the Councilor and Vice Councilor shall serve one-year terms, beginning at the conclusion of the Annual Convention at which they were elected.

Section 5. Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next business meeting of the Section.

Section 6. Section Meeting. There shall be a meeting of members of the section held prior to each Annual Meeting of the MSMA House of Delegates.

Section 7. Representatives to the Section Meeting. The annual meeting of the Section shall be open to any member of the Medical Student Section.

Section 8. Purpose of the Business Meeting. The purpose of the business meeting shall be:

(a). To hear such reports as may be appropriate.

(b). To consider and vote upon such matters as may properly come before the meeting.

(c). To adopt resolutions for submission by the section to the House of Delegates of the MSMA.

(d). To elect a Chair, Vice Chair, and Secretary/Treasurer.

(e). To conduct such other business as may properly come before the meeting.

Chapter IX. Organized Medical Staff Section

Section 1. Membership. Membership in the section shall be limited to Missouri State Medical Association members who are also members of a hospital medical staff in a Missouri hospital, and who are selected by the physician members of their respective medical staffs.

Section 2. Governing Council. There shall be a Governing Council of the Organized Medical Staff Section to direct the programs and activities of the section, subject to the approval of the MSMA Council.

Section 3. Members. There shall be seven voting members of the Governing Council, consisting of the officers, delegate and alternate delegate, elected at the business meeting of the section.

(a). Officers. The officers of the section shall have the following duties and responsibilities:

(b). Chair. The Chair shall preside at the business meetings of the section and at meetings of the Governing Council.

(c). Vice Chair. The Vice Chair shall assist the Chair and preside in the absence of the Chair or at his/her request.

(d). Secretary/Treasurer. The Secretary/Treasurer shall maintain such records and accounts as may be necessary or advisable for the conduct of the activities of the section.

(e). Councilor and Vice Councilor. The Councilor and Vice Councilor shall represent the section on the Council.

(f). Delegate and Alternate Delegate. The Delegate and Alternate Delegate shall represent the members of the section in the MSMA House of Delegates.

Section 4. Term. Governing Council members, including the Delegate and Alternate Delegate, shall serve two-year terms, beginning at the conclusion of the Annual Convention at which they were elected.

Section 5. Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next business meeting of the Section.

Section 6. Business Meeting. There shall be a business meeting of members of the section held prior to each Annual Meeting of the House of Delegates.

Section 7. Representatives to the Business Meeting. The physician members of the medical staff of each hospital may select a representative to the business meeting of the Organized Medical Staff Section. The representative must be an MSMA member who is an active voting member of the medical staff with clinical privileges at the hospital.

Representatives to the business meeting shall be elected by and from the active voting members of the medical staff of each hospital.

Representatives to the business meeting shall be properly certified by the President or Secretary of the medical staff.

Only duly selected representatives to the Organized Medical Staff Section shall have the right to vote at the business meeting of the section, but the meeting shall be open to any member of the MSMA. The meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council of the section and approved by the MSMA Council.

Section 8. Purposes of the Business Meeting. The purpose of the business meeting shall be:

(a). To hear such reports as may be appropriate.

(b). To consider and vote upon such matters as may properly come before the meeting.

(c). To adopt resolutions for submission by the section to the House of Delegates of the MSMA.

(d). To elect at the business meeting prior to the Annual Convention of the MSMA House of Delegates a Chair, Vice Chair, Secretary/Treasurer, Delegate, Alternate Delegate, Councilor and Vice Councilor.

(e). To conduct such other business as may properly come before the meeting.

Chapter X. Resident Physician Section

Section 1. Membership. The Resident Physician Section shall be composed of Resident Members of the Missouri State Medical Association who are serving in approved training programs.

(a). Governing Council. There shall be a Governing Council for the Resident Physician Section. The Governing Council shall consist of the officers of the Resident Physician Section and two members-at-large of the Section. All members of the Governing Council must be Resident Physician members of the Missouri State Medical Association elected by the members attending the Business Meeting of the Resident Physician Section.

1. Duties. The Governing Council shall direct the programs and the activities of the Resident Physician Section.

2. Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next Business Meeting of the Resident Physician Section.

Section 2. Officers. The Members attending the Business Meeting of the Resident Physician Section shall elect the following officers, who shall have these duties and responsibilities:

(a). Chair. The Chair shall preside at all meetings of the Governing Council and the Business Meetings of the Resident Physician Section.

(b). Vice Chair. The Vice Chair shall preside at meetings of the Governing Counc or the Business Meetings of the Resident Physician Section, in the absence of the Chair or at the request of the Chair.

(c). Secretary. The Secretary shall maintain such records as are required or advisable for the conduct of the activities o the Resident Physician Section.

(d). Councilor and Vice Councilor. The Councilor and Vice Councilor shall represe the section on the MSMA Council.

(e). Delegates and Alternate Delegates. The Delegates and Alternate Delegates shal represent the Section in the MSMA House of Delegates.

Section 3. Business Meeting. There shall be a Business Meeting of members of the Resident Physician Section. The Business Meeting shall be held on a day prior to eac Annual Meeting of the House of Delegates

Section 4. Rules of Order. Only member of the Resident Physician Section shall hav the right to vote, but the meetings shall be open to any members of the Missouri Stat Medical Association. The meeting shall be conducted pursuant to established rules of procedure adopted by the Governing Council.

Section 5. Purposes of the Meeting. The Purpose of the meeting shall be:

(a). To hear such reports as may be appropriate.

(b). To elect a Chair, who shall serve unti the conclusion of the next Annual Meeting

(c). To elect other officers of the Reside Physician Section and two members-at-lar of the Governing Council. Those elected shall assume office at the conclusion of the Annual Meeting at which they are elected and shall serve until the conclusion of the next Annual Meeting.

(d). To consider and vote upon such matters as may properly come before the meeting.

Chapter XI. International Medical Graduate Section

Section 1. Membership. Membership in the section shall be limited to Missouri State Medical Association members who are also graduates of an international medical school.

Section 2. Governing Council. There shall be a Governing Council of the International Medical Graduate Section to direct the programs and activities of the section, subject to approval by the MSMA Council.

Section 3. Members. There shall be seven voting members of the Governing Council, consisting of the officers, delegate, and alternate delegate, elected at the business meeting of the section.

Section 4. Officers. The officers of the section shall have the following duties and responsibilities:

(a). Chair. The Chair shall preside at the business meetings of the section and at meetings of the Governing Council.

(b). Vice Chair. The Vice Chair shall assist the Chair and preside in the absence of the Chair of at his/her request.

(c). Secretary/Treasurer. The Secretary/Treasurer shall maintain such records and accounts as may be necessary or advisable for the conduct of the activities of the section.

(d). Councilor and Vice Councilor. The Councilor and Vice Councilor shall represent the section on the MSMA Council.

(e). Delegate and Alternate Delegate. The Delegate and Alternate Delegate shall represent the members in the MSMA House of Delegates.

Section 5. Term. Governing Council members, including the Delegate and Alternate Delegate, shall serve two-year terms, beginning at the conclusion of the Annual Convention at which they were elected.

Section 6. Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next Annual Meeting of the Section.

Section 7. Section Meeting. There shall be a business meeting of members of the section held prior to each Annual Meeting of the House of Delegates.

Section 8. Representatives to the Section Meeting. The annual meeting of the Section shall be open to any member of the International Medical Graduate Section.

Section 9. Purpose of Section Meeting. The purpose of the Section Meeting shall be:

(a). To hear such reports as may be appropriate.

(b). To consider and vote upon such matters as may properly come before the meeting.

(c). To adopt resolutions for submission by the section to the House of Delegates of the MSMA.

(d). To elect at the section meeting prior to the Annual Convention of the MSMA House of Delegates a Chair, Vice Chair, Secretary/Treasurer, Delegate, Alternate Delegate, Councilor and Vice Councilor.

(e). To conduct such other business as may properly come before the meeting.

Chapter XII. Young Physician Section

Section 1. Membership. Membership in the section shall be limited to Missouri State Medical Association members who are under the age of 41 or are in their first five years of practice.

Section 2. Governing Council. There shall be a Governing Council of the Young Physician Section to direct programs and activities of the section, subject to approval of the MSMA Council.

Section 3. Members of the Governing Council. There shall be eight voting members of the Governing Council, consisting of the officers, delegate, alternate delegate, councilor and vice councilor elected at the business meeting of the section.

(a.) Officers. The officers of the section shall be elected annually and have the following duties and responsibilities.

(b.) Chair. The Chair shall preside at the business meetings of the section and at the meetings of the Governing Council.

(c.) Vice Chair. The Vice Chair shall assist the Chair and preside in the absence of the Chair or at his/her request.

(d.) Secretary/Treasurer. The Secretary/Treasurer shall maintain such records and accounts as be necessary or advisable for the conduct of the activities of the section.

(e.) Immediate Past Chair. To serve as an Officer of the Young Physician Section.

(f.) Delegate and Alternate Delegate. The Delegate and Alternate Delegate shall represent the section in the MSMA House of Delegates. The Delegate and Alternate Delegate shall be elected in alternate years.

(g.) Councilor and Vice-Councilor. The Councilor and Vice Councilor shall represent the section on the MSMA Council.

(h.) The section shall elect Delegates and Alternate Delegates to the AMA Young Physician Section. The number of Delegates and Alternate Delegates will be determined by the AMA based on young physician membership in Missouri.

Section 4. Term. Governing Council members, including Councilor and Vice Councilor, shall serve two year terms, beginning at the conclusion of the annual convention at which they were elected.

Section 5. Vacancies. Any vacancy occurring on the governing council will be filled at the next business meeting of the section.

Section 6. There shall be a meeting of members of the section held prior to each annual meeting of the MSMA House of Delegates.

Section 7. Representative to the Section Meeting. The annual meeting of the section shall be open to any member of the Young Physician Section.

Section 8. Purpose of the business meeting. The purpose of the business meeting shall be:

(a.) To hear such reports as may be appropriate.

(b.) To consider and vote upon such matters as may properly come before the meeting.

(c.) To adopt resolutions for submission by the section to the MSMA House of Delegates.

(d.) To elect a Chair, Vice Chair, Secretary/Treasurer, Delegate, Alternate Delegate, Councilor and Vice Councilor.

(e.) To conduct such business as may properly come before the meeting.

Chapter XIII. Dues and Assessments

Section 1. (a). The annual dues of this Association shall be set by the Council and payable by January 1 of the year for which they are levied.

Section 2. Three dollars of the annual dues shall be credited to the account of the Journal for each member's annual subscription. The remainder of the amount shall be credited to the general fund of the Association.

Section 3. The House of Delegates may, when in its judgment the best interest of the Association demands, recommend an assessment on each active, resident and student member. Such assessment shall be levied only by consent of two-thirds of the members of the House of Delegates present and voting. Funds obtained from such special assessment shall be allocated only for the purposes for which such assessment is levied and in accordance with substantiating budgets. Unexpended balances from such assessments must be reported to the House of Delegates for reallocation.

Section 4. The Secretary of each component society shall cause to be collected and remitted to the Treasurer of this Association the per capita levies. Upon authorization of any component society, the Treasurer of this Association may collect the per capita levies directly from the members of that component society. Any member whose name has not been reported for enrollment and whose dues have not been remitted to the Treasurer of this Association on or before March 1 shall stand suspended until his/her name is properly reported and his/her dues for the current year are paid. On December 31 of each year, members delinquent in payment of dues, and assessment if such has been made, or any part thereof shall, ipso facto, forfeit their memberships. No suspended member shall be eligible to register at an Annual Convention.

Chapter XIV. Rules of Conduct

Section 1. The ethical principle governing the members of the American Medical Association shall govern members of this Association.

Section 2. Any member of this Association who testifies as a medical expert witness outside of the specialty of the physician represents unethical conduct. In the future, any physician who testifies as a medical expert witness outside of his/her specialty or logical extension of his/her field of expertise or who interferes with the proper administration of justice by misrepresenting his/her qualifications or giving false or misleading testimony will be subject to expulsion, censorship, or reprimand after due process from the Missouri State Medical Association.

Any member of this Association who testifies as a medical expert witness without meeting the qualifications set forth in this section, shall be subject to expulsion, censorship, or reprimand after a due process hearing as set forth. An expert witness must have basic educational and professional knowledge as a general foundation for his/her testimony and, in addition, have current personal experience and practical familiarity with the problems being considered and be actively engaged in the practice of the medical subject under discussion.

Nothing in the above is to be construed as preventing the treating physician from testifying on the merits of the case.

Chapter XV. Rules of Order

The deliberations of this Association shall be conducted in accordance with usages as defined in *Davis' Rules of Order*.

Chapter XVI. Component Societies

Section 1. All component societies now in affiliation with the State Association or those that may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws shall, upon application to the Council, receive charters from this Association provided that their Constitutions and Bylaws shall have been submitted to the Council and received its approval.

Section 2. Each component society shall be judge of the qualifications of its members, subject to review and final decision by the Council on Ethical and Judicial Affairs of the State Association. Every reputable and legally qualified physician or medical student who does not practice, nor profess to practice sectarian medicine, and who resides or practices in the same county, who shall apply for membership on the prescribed form and subscribe for the Journal and pay the annual dues and assessments for the current year, shall be eligible for election to membership.

A member of a component society whose license has been revoked shall be dropped from membership automatically as of the date of revocation. The Council on Ethical and Judicial Affairs of the State Association shall have final authority to expel a member should a component society fail to do so after being so requested by the Council on Ethical and Judicial Affairs.

The Council, may upon request of a component society, remit the state dues and assessment of a member who has become totally and permanently incapacitated through mental or physical disability and has been a member in good standing during the three consecutive years immediately preceding the disability; provided that the component society shall remit the component society dues of such member.

The Council may, upon request of a component society, remit the state dues and assessments of a deserving member found to fall within what is classified as a hardship case, during the period of said hardship until such time as the dues again become payable; provided that the component society shall remit the component society dues of such member.

A physician living near a component society boundary line may hold membership in that component society most convenient for the physician to attend, on permission of the component society in whose jurisdiction the physician resides.

Section 3. Any member who may feel aggrieved by the action of the component society in suspending or expelling him/her shall have the right to appeal to the Council on Ethical and Judicial Affairs, whose decision shall be final. A component society shall at all times be permitted to appeal or refer questions involving membership to the Council on Ethical and Judicial Affairs of the State Association for final determination.

Section 4. In hearing appeals, the Council on Ethical and Judicial Affairs may admit oral or written evidence or both as in its judgment will most fairly present the facts.

Section 5. When a member in good standing in a component society moves to another jurisdiction in this state, the member shall be given a written certificate of these facts by the secretary of the society, without cost, f transmission to the secretary of the society the jurisdiction to which he/she moves. Pending the acceptance or rejection by the component society to which the physician moves, such member shall be considered to in good standing in the component society from which he/she was certified and in the State Association to the end of the period f which dues have been paid.

A member of a component society who moves to and engages in the practice of medicine at a location in another area in whi there is a component society shall forfeit membership in this Association and the Secretary shall remove the member's name from the roster of members of the Missouri State Medical Association unless within on year after such change of residence he/she becomes a member of the component socie of the area to which he/she has moved.

Section 6. Each component society shall have general direction of the affairs of the profession in its area and its influence shall constantly exerted for bettering the scientif moral and material condition of every physician and medical student in the area. Systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it includes every eligible physician and medical studer in the area.

Section 7. At some meeting in advance o the Annual Convention of this Association each component society, the Organized Medical Staff Section, the Medical Student Section, the Resident Physician Section, th International Medical Graduate Section an the Young Physician Section shall elect on more delegates and an equal number of alternates to represent it in the House of Delegates of this Association, in accordanc with Chapter III, Section 2, 3, 4, 5, 6 or 7 these Bylaws. The Secretary of each component society, the Organized Medica Staff Section, the Medical Student Section the Resident Physician Section, the Interna tional Medical Graduate Section and the Young Physician Section shall send a list c such delegates and alternates to the Secret of this Association at least sixty days bef the Annual Convention. Representation in House of Delegates shall be contingent on compliance with the foregoing provisions.

Section 8. The secretary of each compo nent society shall keep a roster of its members and, if practicable, a list of nona ated physicians, in which shall be shown full name, address, college and date of graduation, date of license to practice in t state, and such other information as may deemed necessary by the Council. He/She shall send a copy of the program of each ting to the district Councilor and to the retary of the State Association.

ection 9. Any component society, in a ner approved by the State Association, or State Association with the consent of the ponent society affected, may undertake, nize and put into effect plans for the ical care of indigent persons or indigent ps, and low-income groups, by agreets with physicians, public officials or rs and by the use of contributions, erative funds or other means; provided, ever, that a free choice of the available and cipating physicians in that territory shall lowed to the patient and that all relations shall be and remain as though it were ly an individual employment.

pter XVII. Council on Ethical and cial Affairs

ction 1. The Council on Ethical and ial Affairs shall have original jurisdiction questions involving Missouri State cal Association membership, all roversies arising under the Constitution Bylaws and under the rules of conduct as outlined in the Bylaws, and controversies between two or more component societies or their members. The Council on Ethical and Judicial Affairs shall be the judicial authority of the Missouri State Medical Association and its decisions shall be final. The Council on Ethical and Judicial Affairs shall also investigate general ethical conditions and matters pertaining to the relations of physicians to one another or to the public and make recommendations to the House of Delegates or the component societies.

Section 2. The Council on Ethical and Judicial Affairs shall be composed of five members elected to five-year terms. Nominees shall be submitted by the President for election by the House of Delegates. Any vacancy occurring on the Council on Ethical and Judicial Affairs shall be filled by nomination of the President and election by the House at its next Convention for the remainder of the unexpired term. The first five members of the Council on Ethical and Judicial Affairs shall be elected on a staggered basis; one for one year, one for two years, one for three years, one for four years, and one for five years.

Section 3. The Council on Ethical and Judicial Affairs shall select a Chair and Vice Chair and it may adopt such rules and regulations as it deems necessary and appropriate for the conduct of its affairs, subject to approval by the Missouri State Medical Association Council.

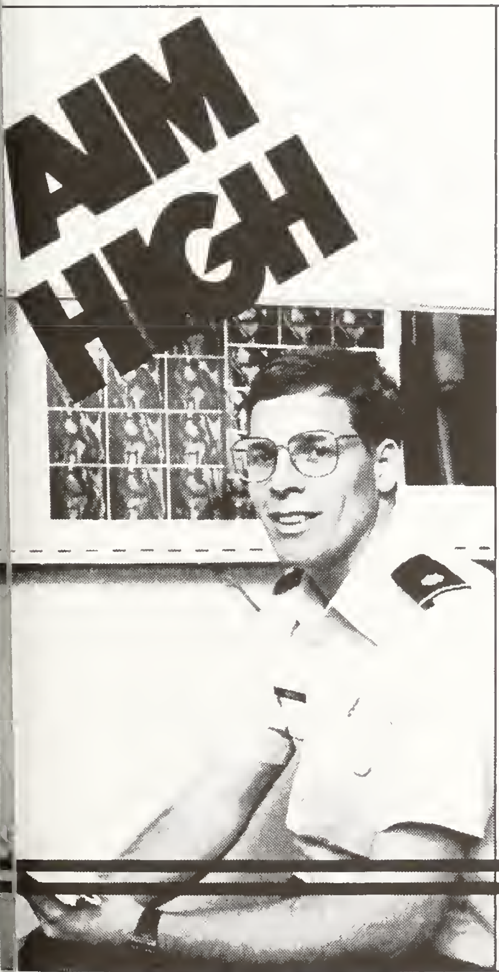
Chapter XVIII. Amendments

Section 1. These Bylaws may be amended at any Annual Convention by a two-thirds vote of the delegates present and voting at that session, if the proposed amendment has been properly submitted to the House of Delegates and has lain on the table for one day.

Section 2. Upon the adoption of this Constitution and these Bylaws, all previous constitutions and bylaws are thereby repealed.

Chapter XIX. Mission

The Mission of the Missouri State Medical Association is to serve its members through promotion of the science and art of medicine, protection of the health of the public, and betterment of the medical profession in Missouri.



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AIR FORCE

Committees and Commissions

Executive Committee

*Goldman, Gordon M., MD, *St. Louis*
DeFeo, Frederick, MD, *Kansas City*
Dorzab, William, MD, *Raytown*
Knowlton, Norman P., III, MD, *Springfield*
Kruse, Carl, MD, *Palmyra*
Miller, Robert, MD, *St. Louis*
Wilkinson, David, MD, *St. Louis*
Wolfe, James, MD, *Springfield*

Council on Ethical and Judicial Affairs

	Term Expires
*Stephenson, Hugh E., Jr., MD, *Columbia*	2004
Cooper, Thomas J., MD, *Farmington*	2003
Hahn, Frederick W., Jr., MD, *Independence*	2002
Hansbrough, Eugene T., MD, *Poplar Bluff*	2005

Committee on Legislative Affairs

*Kennett, Jerry, MD, *Columbia*
Barbe, David, MD, *Mountain Grove*
Copeland, Jeffrey, *St. Peters*
Chirino, Octavio, MD, *St. Louis*
DeFeo, Frederick, MD, *Kansas City*
Dorzab, William, MD, *Raytown*
Goldman, Gordon M., MD, *St. Louis*
**Hazuka, Kathie, *Shawnee Mission, KS*
Jantsch, Deborah, MD, *Kansas City*
Knowlton, Norman P., III, MD, *Springfield*
Kruse, Carl, MD, *Palmyra*
Martin, Clarence, MD, *Joplin*
Meyer, Jerry L., MD, *Concordia*
Miller, Robert, MD, *St. Louis*
**Raborar, Arteso C., MD, *Springfield*
Schaaf, Robert, MD, *St. Joseph*
Sparkman, Thomas, MD, *Cape Girardeau*
**Watts, Jennifer, *St. Louis*
**Wilkinson, David, MD, *St. Louis*
**Wolfe, James, MD, *Springfield*

Committee on Constitution and Bylaws

	Term Expires
*Raborar, Arteso C., MD, *Springfield*	2003
Chapman, Jean, MD, *Cape Girardeau*	2002
Ciliberti, John, DO, *Kansas City*	2002
Lampton, Lawrence M., MD, *Columbia*	2003
Potts, Donald, MD, *Kansas City*	2001

Commission on Continuing Education and Health Manpower

	Term Expires
*Martin, David S., MD, *Chesterfield*	2002
Auner, J. David, MD, *Ironton*	2002
Carmichael, Kim, MD, *St. Louis*	2003
Critchlow, J. Thomas, MD, *Cape Girardeau*	2002
Glover, David, MD, *Warrensburg*	2003
Heimburger, Richard, MD, *Jefferson City*	2003
Hellman, Richard, MD, *N. Kansas City*	2001
Laiben, Gregg, MD, *Kansas City*	2003
Loftus, Loretta, MD, *Kansas City*	2002
Mohsen, Aly, MD, *Jefferson City*	2001
Munro, J. Stuart, MD, *Kansas City*	2001
Trentham, Orin, III, MD, *Joplin*	2003
Winton, Mark D., MD, *Jefferson City*	2002

Commission on Interspecialty Medicine

*Van Way, Charles, III, MD, *Kansas City*
Missouri State Surgical Society
Anderson, Tom, MD, *Columbia*
Missouri Psychiatric Association
Anglen, Jeff, MD, *Columbia*
Missouri State Orthopaedic Association
Cabbabe, Edmond, MD, *St. Louis*
Missouri Association of Plastic and Reconstructive Surgery
Cheek, Robert, MD, *Columbia*
Missouri Society of Pathologists
Chehval, Michael, MD, *St. Louis*
Missouri Urological Society
Conway, Bob, MD, *Columbia*
Physical Medicine and Rehabilitation
Corrado, Joseph, MD, *Mexico*
American College of Surgeons Missouri Chapter
Groshong, Ted, MD, *Columbia*
American Academy of Pediatrics Missouri Chapter
Hanaway, Joseph, MD, *St. Louis*
Missouri State Neurological Association
Hruza, George, MD, *Town & Country*
Missouri Dermatological Society
Kletzker, George, MD, *St. Louis*
Missouri Society of Otolaryngology
Korenfeld, Michael, MD, *Washington*
Missouri Ophthalmological Society

* Committee Chair **Ex Officio

Lovinger, Warren, MD, *Nevada*
ACP/MO Society of Internal Medicine
Pyszczynski, Dennis, MD, *Kansas City*
Missouri Thoracic Society
Rues, Larry, MD, *Kansas City*
Missouri Academy of Family Physicians
Southwick, Chris, MD, *Leawood, KS*
Missouri Society of Anesthesiologists
Vandewalker, Mark, MD, *Columbia*
Missouri Allergy and Asthma Association

Commission on Medical Economics, Third Party Medicine and Governmental Relations

	Term Expires
*Copeland, Jeffrey, MD, *St. Peters*	2003
Biggs, F. Douglas, MD, *St. Joseph*	2002
Buie, Steve, MD, *Kansas City*	2002
Bukstein, Michael, MD, *Hannibal*	2001
Halpin, Stephen, MD, *Hannibal*	2003
Handlin, Larry, DO, *Mexico*	2001
Lentz, Kathy, MD, *Washington*	2001
Lomax, John, MD, *Branson*	2002
Meyer, Jerry, MD, *Concordia*	2001
Miskovsky, Emil, MD, *St. Louis*	2002
Rall, Ken, MD, *Columbia*	2003
Rogers, James, MD, *Springfield*	2003
Severance, Mike, MD, *Jefferson City*	2001
Thanawalla, Shaukat, MD, *Mexico*	2002
Walz, Bruce, MD, *St. Louis*	2003

Commission on Medical-Legal Affairs

	Term Expires
*Groshong, Ted, MD, *Columbia*	2001
Amon, Erol, MD, *St. Louis*	2001
Bennett, Kenneth, MD, *St. Louis*	2003
Bever, Grant, MD, *St. Louis*	2002
Branham, Gregory, MD, *St. Louis*	2002
Conant, James, MD, *St. Joseph*	2003
Corrado, Joseph, MD, *Mexico*	2003
Criscione, James, Jr., MD, *St. Louis*	2002
Domann, Darrell, MD, *Springfield*	2001
Meidl, Erik, MD, *Hannibal*	2003
Morley, Ronald, DO, *Jefferson City*	2002
Robinson, Nicholas, MD, *Kennett*	2001
Smith, Kinim, MD, *Hannibal*	2003
Taormina, Marc, MD, *Independence*	2001
Threats, Susan, MD, *St. Louis*	2002

Physicians Health Committee

	Term Expires
*Anderson, Thomas, MD, *Columbia*	2001
Lyskowski, John, MD, *Jefferson City*	2002
McIntosh, Donald, MD, *Lee's Summit*	2001
Moore, Richard, MD, *Cape Girardeau*	2002
Moritz, K. Lynne, MD, *St. Louis*	2001
Ryall, Jo-Ellyn, MD, *St. Louis*	2003
Scanlon, Richard, DO, *Springfield*	2002
Sincox, Charles, MD, *Washington*	2002

Committee on Planning

	Term Expires
*Lund, Herluf, Jr., MD, *Chesterfield*	2005
Michael, Roy, DO, *Jefferson City*	2004
Phillips, Ronald, MD, *Kirksville*	2002
Sudekum, Anthony, MD, *Defiance*	2003
Turner, William, MD, *Nevada*	2002
Vilmer Stephen, MD, *N. Kansas City*	2005
Weber-Bornstein, Nancy, MD, *Cape Girardeau*	2004
Williams, Starks, MD, *Kansas City*	2003
Zahn, Robert, MD, *Springfield*	2001

Commission on Public Affairs

	Term Expires
*Blaine, James, MD, *Springfield*	2003
Ashby, Jennifer, MD, *N. Kansas City*	2002
Brukardt, Diane, MD, *Columbia*	2001
Bukstein, Michaek, MD, *Hannibal*	2002
Bunge, Nancy, MD, *Mexico*	2002
Clark, Jennifer, MD, *Columbia*	2003
Coonce, Don, MD, *Cape Girardeau*	2003
Gnatz, Steven, MD, *Columbia*	2002
Lovinger, Warren, MD, *Nevada*	2003
Lyskowski, John, MD, *Jefferson City*	2001
Mason, Mary, MD, *Clayton*	2001
Peick, Ann, MD, *St. Louis*	2001
Reh, Thomas, MD, *St. Louis*	2003
Szewczyk, Michael, MD, *Columbia*	2002
Zylka, Michael, MD, *St. Louis*	2001

Publications Committee

*Thomas, J. Regan, MD, *St. Louis*
Dehner, Jonathan, MD, *St. Louis*
Dyer, Gary, MD, *St. Joseph*
Murrell, H. Jerry, MD, *Columbia*
Nichols, W. Kirt, MD, *Columbia*

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Greater Kansas City Allergy Society
President: Henry Kanarek, MD
6724 Troost, #304
Kansas City, MO 64131
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1000 Carondelet Dr.
Kansas City, MO 64114
Tel. 816-943-2252

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St. Louis, MO 63104
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Tel. 816-523-3383; Fax 816-523-3393
Email: kcswcs@blitz-it.net

St. Louis Society of Colon & Rectal Surgeons
President: Morin Hanson, MD
11125 Dunn Rd., #402
St. Louis, MO 63136
Tel. 314-741-3400

Crohn's & Colitis Foundation of America, Gateway Area Chapter
Contact: David Emmons, Exec. Dir.
8420 Delmar, #500A
St. Louis, MO 63124
Tel. 314-991-0220 or 1-800-783-8006
Fax 314-991-8756; Email: Gateway@ccfa.org

Crohn's & Colitis Foundation of America National Office
President/CEO: James Romano, PhD
386 Park Ave. S., 17th Fl.
New York, NY 10016
Tel. 212-685-3440 or 800-932-2423
Fax 212-779-4098

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3035 Gillham Rd.
Kansas City, MO 64108
Tel. 816-531-8432; Fax 816-531-5438
Email: rcosens@metromedkc.org

Kansas City Dermatologic Society
Contact: Thelda Kestenbaum, MD
CME Coordinator
KU Medical Ctr., Dermatology Division
3901 Rainbow Blvd.
Kansas City, KS 66160
Tel. 913-588-6028; Fax 913-588-4060

St. Louis Dermatological Society
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St. Louis, MO 63141
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St. Louis Ear, Nose and Throat Club
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605 Old Ballas, #124
St. Louis, MO 63141
Tel. 314-432-4110

American College of Emergency Physicians, Mo. Chapter
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Washington, MO 63090
Tel. 636-239-8014

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Truman Medical Ctr., Dept. EM
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Tel. 816-556-3250

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Kansas City, MO 64131-1118
Tel. 816-276-7650
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Tel. 816-941-3939
Email: mafp@compuserve.com

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300 S.E. 2nd St., #100
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Kansas City, MO 64131
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Springfield, MO 65804-0027
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Kansas City, MO 64114
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4911 Barnes-Jewish Hosp. Plaza, #218
WUSM Box 218
St. Louis, MO 63110
Tel. 314-362-2961; Fax 314-747-1720
Email: Galakatosa@msnotes.wustl.edu

American College of Physicians - American Society of Internal Medicine, Missouri Chapter
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Jefferson City, MO 65102 1028
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St. Louis, MO 63117
Tel. 314-781-0024; Fax 314-781-6063
Contact: Jan Frank, Exec. Dir.
3809 Addison
Columbia, MO 65203
Tel. 573-445-3479; Fax 573-446-4318
Email: jkfrank@tranquility.net

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Kansas City, KS 66160
Tel. 913-588-6107

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Missouri State Neurosurgical Society
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Kansas City, KS 66160
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Email: marlena@sprintmail.com

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224 S. Woods Mill Rd., #210
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Tel. 314-579-9919
Email: Andecr@stlo.smhs.com

Central Society of Physical Medicine & Rehabilitation
Contact: Bob Conway, MD
DC046.00, Dept. PM&R
Columbia, MO 65212
Tel. 573-882-3101

St. Louis Society of Physical Medicine & Rehabilitation
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4660 Maryland Ave., Ste. 250
St. Louis, MO 63108
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300 S. Mt. Auburn, #100
Cape Girardeau, MO 63703-8399
Tel. 573-651-4488; Fax 573-651-4431

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Overland Park, KS 66061
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St. Louis, MO 63141
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Contact: Tim Mastin, Program Director
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Kansas City, MO 64112
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Fax 816-931-8655
Email: pkdcure@pkrfoundation.org

Eastern Missouri Psychiatric Society
President: Gary M. Vickar, MD
Contact: Ron Garrett, Exec. Sec.
3839 Lindell Blvd.
St. Louis, MO 63708-3471
314-371-5225
Email: rongarrett@slmms.org

Central Missouri Psychiatric Society
President: Nemesio Gutierrez, MD
Contact: Lee Gibson, Exec. Dir.
1122 Eleventh St.
Boonville, MO 65233
Tel. 660-882-9449
Email: cmps@mid-mo.net

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President: James True, MD
Contact: Ronald Cosens, Exec. Sec.
Metro. Med. of Greater K.C.
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Kansas City, MO 64108
Tel. 816-531-8432; Fax 816-531-8438
Email: rcosens@metromedkc.org

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16 Fox Mdws.
St. Louis, MO 63127
Tel. 314-843-0071

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Tel. 816-333-8420

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St. Louis, MO 63131
Tel. 314-653-5552
Email: tmartyv@earthlink.net

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St. Louis Rheumatology Association
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Tel. 417-869-5222; Fax 417-866-7211

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Contact: Kathy Smith
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Kansas City, MO 64108
Tel. 816-234-3578; Fax 816-234-3821

St. Louis Surgical Society
President: Nathaniel J. Soper, MD
660 S. Euclid Ave., Box 8109
St. Louis, MO 63110
Tel. 314-454-8877; Fax 314-454-5396
Secretary: Thomas Blanke, MD
621 S. New Ballas Rd., #598-C
St. Louis, MO 63141

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816-333-1919

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Kansas City, MO 64050
Tel. 816-836-8831

St. Louis Urological Society
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6651 Chippewa
St. Louis, MO 63109
Tel. 314-644-6699

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1 Hosp. Dr.
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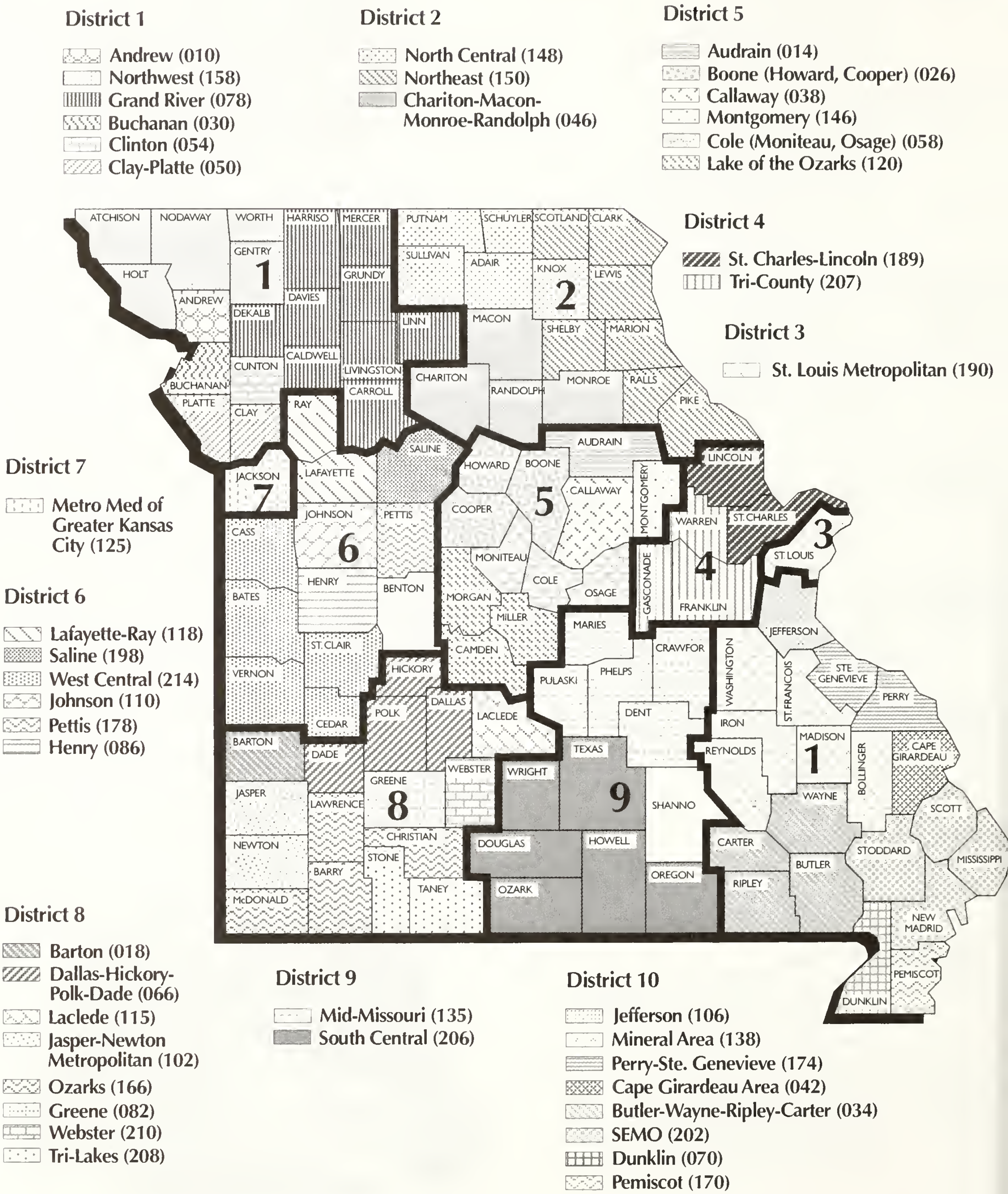
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McDONALD
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DUNKLIN

District 1

- ▨ Andrew (010)
- ☐ Northwest (158)
- ▥ Grand River (078)
- ▨ Buchanan (030)
- ☐ Clinton (054)
- ▨ Clay-Platte (050)

District 2

- ░ North Central (148)
- ▨ Northeast (150)
- ▒ Chariton-Macon-Monroe-Randolph (046)

District 5

- ▤ Audrain (014)
- ░ Boone (Howard, Cooper) (026)
- ░ Callaway (038)
- ☐ Montgomery (146)
- ░ Cole (Moniteau, Osage) (058)
- ▨ Lake of the Ozarks (120)

District 4

- ▨ St. Charles-Lincoln (189)
- ▥ Tri-County (207)

District 3

- ☐ St. Louis Metropolitan (190)

District 7

- ░ Metro Med of Greater Kansas City (125)

District 6

- ▨ Lafayette-Ray (118)
- ▒ Saline (198)
- ░ West Central (214)
- ░ Johnson (110)
- ░ Pettis (178)
- ▤ Henry (086)

District 8

- ▨ Barton (018)
- ▨ Dallas-Hickory-Polk-Dade (066)
- ░ Laclede (115)
- ░ Jasper-Newton Metropolitan (102)
- ░ Ozarks (166)
- ░ Greene (082)
- ▦ Webster (210)
- ░ Tri-Lakes (208)

District 9

- ☐ Mid-Missouri (135)
- ▒ South Central (206)

District 10

- ░ Jefferson (106)
- ☐ Mineral Area (138)
- ▤ Perry-Ste. Genevieve (174)
- ▩ Cape Girardeau Area (042)
- ▒ Butler-Wayne-Ripley-Carter (034)
- ░ SEMO (202)
- ▦ Dunklin (070)
- ░ Pemiscot (170)

DISTRICT #1

Organized Medical Societies:
Andrew (010), Buchanan (030), Clinton (054), Northwest (158), Grand River (078), Clay-Platte (050)

Counties in District:
Andrew
Atchison
Buchanan
Caldwell
Carroll
Clay
Clinton
Davies
DeKalb
Gentry
Grundy
Harrison
Holt
Linn
Livingston
Mercer
Nodaway
Platte
Worth

DISTRICT #2

Organized Medical Societies:
Chariton-Macon-Monroe-Randolph (046)
North Central (148) Northeast (150)

Counties in District:
Adair
Chariton
Clark
Knox
Macon
Marion
Monroe
Lewis
Pike
Putnam
Ralls
Randolph
Schuyler
Scotland
Shelby
Sullivan

DISTRICT #3

Organized Medical Society:
St. Louis Metropolitan (190)

Areas in District: St. Louis City & St. Louis County

DISTRICT #4

Organized Medical Societies:
Tri-County (207), St. Charles-Lincoln (189)

Counties in District
Franklin
Gasconade
Lincoln
Warren
St. Charles

DISTRICT #5

Organized Medical Societies:
Audrain (014), Boone (026) Callaway (038), Cole (058), Lake of the Ozarks (120), Montgomery (146)

Counties in District:
Audrain
Boone
Callaway
Camden
Cole
Cooper
Howard
Miller
Moniteau
Montgomery
Morgan
Osage

* no organized county medical society.

DISTRICT #6

Organized Medical Societies:
Henry (086), Johnson (110), Lafayette-Ray (118), Pettis (178), Saline (198), West Central (214)

Counties in District:
Bates
Benton*
Cass
Cedar
Henry
Johnson
Lafayette
Pettis
Saline
Ray
St. Clair
Vernon

DISTRICT #7

Organized Medical Society:
Metro Med Society of Greater Kansas City (125)
Areas in District: Kansas City & Jackson County

DISTRICT #8

Organized Medical Societies:
Barton (018), Dallas-Hickory-Polk-Dade (066) Greene (082), Jasper-Newton Metropolitan (102), Laclede (115), Ozarks (166), Tri-Lakes (208), Webster (210)

Counties in District:
Barry
Barton
Christian
Dade
Dallas
Greene
Hickory
Jasper
Lawrence
Laclede
McDonald
Newton
Polk
Stone
Taney
Webster

DISTRICT #9

Organized Medical Societies:
Mid-Missouri (135), South Central (206)

Counties in District:
Crawford
Dent
Douglas
Howell
Maries
Oregon
Ozark
Phelps
Pulaski
Shannon*
Texas
Wright

DISTRICT #10

Organized Medical Societies:
Butler-Wayne-Ripley-Carter (034), Cape Girardeau (042) Dunklin (070), Jefferson (106), Mineral Area (138), Pemiscot (170), Perry-Ste. Genevieve (174). SEMO (202)

Counties in District:
Bollinger
Butler
Cape Girardeau
Carter
Dunklin
Iron
Jefferson
Madison
Mississippi
New Madrid
Pemiscot
Perry
Reynolds
Ripley
St. Francois
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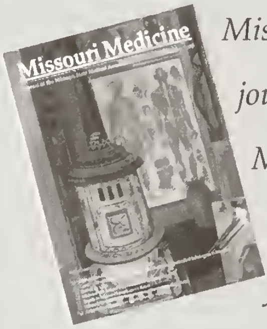

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046	Chariton-Macon-Monroe-Randolph
050	Clay-Platte
054	Clinton
058	Cole
066	Dallas-Hickory-Polk-Dade
070	Dunklin
078	Grand River
082	Greene
085	Greene Residents
086	Henry
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106	Jefferson
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115	Laclede
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146	Montgomery
148	North Central
150	Northeast
158	Northwest
166	Ozarks
170	Pemiscot
174	Perry-Ste. Genevieve
178	Pettis
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202	SEMO
206	South Central
207	Tri-County
208	Tri-Lakes
210	Webster
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216	St. Louis University
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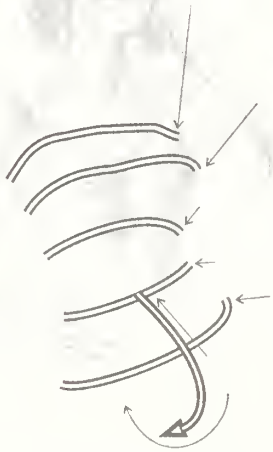

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Balster, Vernon H.	St. Louis	190
Bandle, Donald F.	St. Louis	190
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Bang, Dae H.	St. Louis	222
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Bartlett, Roderick M.	Houston	206

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Bauer, Joseph G.	150	Hannibal
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Baughman, Lori C.	126	Kansas City
Bauman, Alan E.	125	Kansas City
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Baumann, Daniel J.	190	St. Louis
Bauschard, Frederick D.	190	St. Louis
Bautista, Joel O.	046	Moberly
Bautista, Rogelio L.	046	Moberly
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Bays, Stephanie R.	224	Kansas City
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Bean, Melissa M.	220	Kansas City
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Beatty, Cassandra	220	Highlandville
Beaty, William R.	190	Vero Beach, FL
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Beck, David A.	026	Columbia
Beck, Marcus R.	026	Columbia
Beck, Paul M.	030	St. Joseph
Becker, Gregory L.	190	St. Louis
Becker, Robert L.	190	St. Louis
Becker, Stanley C.	190	St. Louis
Becker, William L.	190	St. Louis
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Beckman, Robert F.	190	St. Louis
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Belew, Mark	190	Florissant
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Bell, Stephen	190	St. Louis
Bell, William F.	125	Lee's Summit
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Berg, Ralph	190	St. Louis
Bergmann, Daniel J.	189	St. Peters
Bergmann, Martin	190	Chesterfield
Berkowitz, Ellis R.	030	St. Joseph
Berkowitz, Wallace P.	190	St. Louis
Berland, David I.	190	St. Louis
Berman, William	190	Highland Park, IL
Bernabe, Florinio H.	190	St. Louis
Bernabe, Maria Eloida	214	Eldorado Spgs.
Bernabe, Ofelia	190	St. Louis
Bernard, Lisa	125	Kansas City
Berndsen, Gerard H.	190	St. Louis
Berner, Carol T.	082	Springfield
Bernhardt, Mark	125	Leawood, KS
Berni, Anthony A.	190	St. Louis
Bernstein, Aaron M.	190	St. Louis
Berry, Danny T.	042	Cape Girardeau
Berry, Hugh G., II	002	Chesterfield
Berry, Maxwell G.	125	Prairie Village, KS
Berry, Paul A.	222	St. Louis
Berry, Paul T.	082	Springfield
Berwald, David M.	190	Bridgeton
Berwald, Irvin I.	190	Bridgeton
Beshears, Katherine M.	220	Kansas City, KS
Besirli, Cagri G.	222	St. Louis
Best, John A.	190	Chesterfield
Bettinger, Irene E.	125	Kansas City
Bettonville, Peter V.	190	St. Louis
Betz, Richard J.	166	Neosho
Betz, Robert F.	166	Neosho
Beuerlein, Matthew E.	002	Kansas City
Bhat, Shalini P.	126	Kansas City
Bhatia, Ajay	222	St. Louis
Bhatnagar, Pawan	220	Park Ridge, NJ
Bhend, Ernest M.	218	Columbia
Bhothinard, Bhisit	034	Poplar Bluff
Biber, Robert J.	125	Independence
Bick, Florence C.	216	St. Louis
Biek, Richard W.	190	St. Louis

Biel, Stanley I.	Bridgeton	190
Bienick, Christopher M.	Hannibal	150
Biery, Richard M.	Kansas City	125
***Bieser, R. Dan**	Cape Girardeau	042
Biggers, Brian D.	Columbia	218
Biggs, Alfred D., Jr.	Kansas City	125
Biggs, F. Douglas	St. Joseph	030
Biggs, Fred J.	Poplar Bluff	034
Biggs, Harry L.	Cape Fair	125
Billy, Lawrence J.	St. Louis	190
Binda, Robert E.	Kansas City	125
Binz, Donald E.	St. Peters	189
Bircher, John L.	St. Louis	190
Birenboim, Nancy	Kansas City	125
Birge, Clifford A.	St. Louis	190
Birmingham, Jean E.	St. Louis	190
Birnbaum, Elisa H.	St. Louis	190
Bisarya, Sameer	St. Louis	216
Bishop, Christianne N.	Columbia	027
Bishop, Marion D.	St. Louis	190
Bizek, Joseph L.	Aurora	166
Black, David L.	Joplin	102
Black, William R.	Neosho	102
Blackburn, Michael D.	Columbia	026
Blackett, Anne S.	Kansas City	224
Blackwell, Charles R.	St. Louis	190
Blaine, James R.	Springfield	082
Blair, Jerry R.	Columbia	026
Blair, Olga M.	Orlando, FL	190
Blair, Vilray P., III	St. Louis	190
Blalock, Robert W.	Marshall	198
Blank, Michael K.	De Soto	106
Blanke, Thomas J.	St. Louis	190
Blankenship, Dale M.	Savannah, GA	042
Blaskiewicz, Robert J.	St. Louis	190
Blath, Richard A.	St. Louis	190
Blatt, Andrew	St. Louis	190
Blatt, Carl F.	Washington	207
Blatt, Geoffrey L.	Kansas City	125
Blaumuelle, Karen	St. Louis	222
Blim, R. Don	Belton	125
Block, Arnold S.	St. Louis	190
Blood, Belinda	St. Louis	222
Bloom, Stephen A.	Overland Park, KS	125
Bloomberg, Gordon R.	Chesterfield	190
Bloss, Jeffrey D.	Columbia	026
Blount, DeAun M.	Kansas City, KS	126
Bluck, Scott L.	Mission, KS	224
Blum, Carol A.	Excelsior Spgs.	002
Blum, Donald A.	St. Louis	190
Boatright, Kevin	Farmington	138
Bock, Linda P.	St. Louis	190
Boedeker, James P.	St. Louis	190
Bogart, Douglas B.	N. Kansas City	050
Bohigian, George M.	St. Louis	190
Bohn, William W.	Olathe, KS	125
Boland, Michael F.	Chesterfield	190
Boldt, Thomas H.	Bridgeton	190
Boles, C. R.	St. Louis	190
Boles, Murray	Columbia	026
Bollier, Barbara G.	Kansas City	002
Bonacorsi, John	Bridgeton	190
Bonar, Susan K.	Kansas City	125
Bond, Leslie F.	St Louis	190
Bondurant, Charles P.	Columbia	026
Bonebrake, Mac D.	Springfield	082
Bonham, Roger D.	Columbia	026
Boniuk, Isaac	St. Louis	190
Bonney, Samuel C.	Washington	207
Bonsanti, Robert L.	Bridgeton	190
Boodram, Mitra B.	Maryland Hts.	190
Boone, Daniel C.	Gladstone	050
Boone, Karen E.	St. Charles	189
Boonshaft, Benje	St. Louis	190
Booth, Gregory R.	Columbia	218
Booton, Derek V.	Kansas City	125
Bordy, Marvin D.	Kansas City	125
Borello, Dan J.	Joplin	102
Borgmeyer, Matthew R.	Columbia	218
Bork, Sarah E.	St. Louis	222
Borkon, A. Michael	Kansas City	125
Borman, Emily	St. Louis	222
Borowsky, Benjamin A.	St. Louis	190
Bosche, Alfred J.	Chesterfield	190
Boschert, Mark T.	St. Charles	189
Bosscher, James R.	Springfield	082
Botley, Nicola L.	Kansas City	126
Botney, Kathryn	St. Louis	190
Botts, Angela G.	Columbia	218
Botwin, Arnold E.	Leawood, KS	125
Boudreau, Douglas A.	Jefferson City	058
Bouhasin, John D.	St. Louis	190
Boulware, Chad A.	Kansas City	224
Bourgeois, Curtis H.	Columbia	026
Boutwell, Christine M.	Kansas City	126
Boveri, Joseph C.	St. Louis	190
Boveri, Lawrence V.	St. Louis	002
Bowe, Christopher C.	St. Louis	190
Bowe, Jennifer A.	Columbia	218
Bowen, Stephen F., Jr.	St. Louis	190
Bowen, William G.	St. Louis	190
Bowenschulte, Bradley	Springfield	082
Bower, James S.	Kansas City	125
Bowers, James E.	Kirkwood	190
Bowles, Danette L.	Neosho	102
Bowman, W. Kirk	Cape Girardeau	042
Bowser, Robert L.	Independence	050
***Boxerman, Carrol L.**	Hannibal	150
Boyarsky, Saul	Chapel Hill, NC	190
Boyd, Craig W.	St. Louis	190
Boydston, Catherine O.	Odessa	118
Boydston, Wyatt W.	Odessa	118
Boylan, Peter C.	Kansas City	125
Boyle, Heather K.	Brentwood	216
Brabbee, Gregory W.	St. Louis	190
Brabson, John H.	Springfield	082
Brack, Julie D.	Grandview	002
***Bracke, Kurt M.**	Centralia	014
Bradbury, George R., III	Bridgeton	190
Braddock, Stephen	Columbia	026
Bradford, John F.	Shawnee Mission, KS	125
Bradley, Kyle T.	Columbia	218
Bradley, Richard V.	St. Louis	190
Bradshaw, William D.	Belton	125
Brady, Daniel E.	St. Louis	216
Brady, Harry R.	St. Louis	190
Branch, Walter D., Jr.	Kansas City	002
Brandt, Keith E.	St. Louis	002
Branham, Gregory H.	St. Louis	190

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Braun, Alan L.	058	Jefferson City
Braun, Donald N.	126	Lee's Summit
Braverman, Stuart J.	178	Sedalia
Braxton, Frank W.	042	Cape Girardeau
Brazil, Maria J.	190	Pacific
Brazos, John C.	178	Sedalia
Breckenridge, Robert L.	050	Kansas City
Breeding, Lyle G.	026	Columbia
Bregant, Robert E.	058	Jefferson City
Brehm, G. Scott	102	Joplin
Breite, Warren M.	106	Festus
Brennan, George A.	190	St. Louis
Brennan, James M.	190	St. Louis
Brennan, Richard X.	190	St. Louis
Brennan, Robert A., Jr.	190	St. Louis
Brennan, Robert A., Sr.	190	St. Louis
Brennan, Robert V.	190	St. Louis
Brent, Lanny R.	082	Springfield
Bresnahan, Dennis R.	125	Kansas City
Brewer, Joseph H.	125	Kansas City
Brewster, Joseph	220	Mission, KS
Brewster, Luke	216	St. Louis
Brewster, Samuel D.	220	Mission, KS
Bridges, J. Rachelle	208	Forsyth
Bridges, Jack L.	030	St. Joseph
Bridges, Leonard W.	208	Forsyth
Bridges, Matthew A.	220	Kansas City, KS
Brigden, Robert B.	102	Neosho
Briggs, Thomas B.	082	Springfield
Brigham, David W.	190	Ballwin
Bright, James E.	082	Springfield
Brink, David S.	195	St. Louis
Britton, Loretta M.	125	Kansas City
Broaddus, Loren E.	082	Springfield
Brock, Arthur L.	125	Independence
Brockhaus, Jayne R.	110	Warrensburg
Brockman, Jennifer E.	218	Columbia
Brockman, M. Douglas	082	Springfield
Brodeur, Armand E.	190	St. Louis
Brodkey, Mark J.	125	Kansas City
Brody, Arnold G.	190	St. Louis
Broeker, Michael L.	206	West Plains
***Bronson, Wendell D.**	030	St. Joseph
Brook, Charles J.	125	Kansas City
Brookes, Robert D.	190	Chesterfield
Brookings, Marla K.	218	Kansas City
Brooks, Christy	216	St. Louis
Broom, Matthew A.	216	St. Louis
Brown, Barry D.	190	St. Louis
Brown, Beverly L.	042	Cape Girardeau
Brown, Cynthia L.	034	Poplar Bluff
Brown, David L.	120	Osage Beach
Brown, David M.	190	St. Louis
Brown, David W.	082	Springfield
Brown, Elwyn S.	125	Kansas City
Brown, Frederick B.	166	Aurora
Brown, Freeman F., III	190	Ballwin
Brown, Julie E.	220	Mission, KS
Brown, Katherine E.	224	Kansas City
Brown, Merlin D.	030	St. Joseph
Brown, Mike J.	042	Cape Girardeau
Brown, Randy G.	125	Kansas City
Brown, Rebecca L.	082	Springfield
Brown, Robert J.	189	St. Charles
Brown, Robert S.	125	Shawnee Mission, KS
Brown, Seymour	190	Chesterfield
Brown, Susan	030	St. Joseph
Brown, Ty D.	222	St. Louis
Brownsworth, Ronnie D.	082	Springfield
Bruce, Robert P.	125	Kansas City
Bruggeman, Jerry	218	Columbia
Brukardt, Diane T.	026	Columbia
Bruno, Francis E.	174	Ste. Genevieve
Bruno, Patrick L.	058	Jefferson City
Bruns, Kenneth	190	St. Louis
Brunworth, David	207	Washington
Bryant, Lester R.	026	Asheville, NC
Bryer, Mark P.	026	Columbia
Bubolz, Justin F.	150	Hannibal
Buchanan, Barbara N.	125	Belton
Buchele, Sheila Marie	102	Joplin
Buchert, Peter K.	026	Columbia
Buchinger, Colleen L.	126	Kansas City
Bucholz, Richard D.	190	St. Louis
Buchwach, Kenneth A.	125	Overland Park, KS
Buckner, John W.	082	Springfield
Buckner, Robert C.	125	Shawnee Mission, KS
Bucol, Kevin D.	190	St. Louis
Budd, John J., Jr.	190	St. Louis
Buettner, John Brigham	190	Chesterfield
Buffaloe, Robert N.	058	Jefferson City
Buie, Steven E.	125	Kansas City
Bukstein, Michael J.	150	Hannibal
Bult, Mark J.	082	Springfield
Bultman, Laura L.	218	Columbia
Bumgarner, James E.	026	Columbia
Bumgarner, Roger W.	026	Columbia
Bunge, Nancy J.	014	Mexico
Burch, John E.	102	Naples, FL
Burcham, Tom R.	042	Farmington
Burfeind, Rebecca C.	126	Overland Park, KS
Burgdorf, Max H.	190	Bridgeton
Burger, David M.	216	St. Louis
Burgess, Dean	190	St. Louis
Burk, Emmett K.	050	Plano, TX
Burke, James S., Jr.	190	St. Louis
Burkey, Jordan W.	082	Springfield
Burkhart, Edward F.	190	Delray Beach, FL
Burkhart, Susan M.	058	California
Burks, Michael L.	026	Columbia
Burleigh, Bruce W.	102	Joplin
Burmeister, R. William	190	St. Louis
***Burns, Bernard C., III**	042	Cape Girardeau
Burns, Edward L.	190	St. Louis
Burns, Francis J.	190	St. Louis
Burns, Michael F.	190	St. Louis
Burns, Thomas W.	026	Columbia
Burr, Donald C.	190	Nashville, IL
Burroughs, Nathan D.	050	N. Kansas City
Burry, Virgil F.	125	Blue Springs
Burst, Donald O.	190	Key Largo, FL
Burstein, Robert	190	St. Louis
Burtman, Mark L.	150	Hannibal
Burton, Curtis D.	150	Hannibal
Buse, Paul E.	190	Chesterfield
Bush, William M.	218	Imperial
Bush-Smith, Kimberly	216	St. Louis
Busiek, Paul J.	082	Springfield

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Buss, Mary I.	220	Lee’s Summit
Busse, Paul P.	190	St. Louis
Bussmann, Carl E.	190	Bridgeton
Bussmann, Donald W.	190	Chesterfield
Butin, Richard E.	125	Kansas City
Butsch, Richard H.	190	St. Louis
Butterfield, Mari Anne	125	Lee’s Summit
Bybee, Wendy J.	218	Columbia
Byers, Lowell J.	125	Overland Park, KS
Byersdorfer, Craig A.	222	St. Louis
***Bynum, Carl G.**	058	Jefferson City
Byrne, Hilary A.	218	Columbia
Byrum, Fritz A.	190	Glencoe

C

Cabanas, Justo J.	125	Shawnee Mission, KS
Cabbabe, Edmond	190	St. Louis
Cabbabe, Samer W.	216	St. Louis
Cable, Melissa G.	125	Independence
Cabral, G.	190	Florissant
Cabrera, Tomas V.	189	St. Peters
Cacioppo, Joseph E.	190	St. Louis
Caddell, Cara M.	216	St. Louis
Cadiz, Briccio S., III	174	Ste. Genevieve
Cady, Melissa R.	126	Kansas City
Cady, Roger K.	082	Springfield
Cafer, Jason	218	Columbia
Caffrey, Raymond J.	125	Independence
Caffrey, Robert T.	002	Independence
Cain, Alvin R.	018	Lamar
Caldwell, Jane	002	Kirkwood
Caldwell, Joseph L.	082	Springfield
Calhoun, Joshua W.	190	St. Louis
Callaghan, Gerard M.	190	St. Louis
Callahan, Joseph D.	190	St. Louis
Callaway, Guy D., Jr.	082	Springfield
Callaway, Jo J.	002	Kansas City
Callaway, Lawrence A.	125	Kansas City
Calodney, Martin M.	190	St. Louis
Calovich, Emery R.	125	Shawnee Mission, KS
Calvert, George T.	222	Louisville, KY
Calvert, Shannon L.	218	Ashland
Camarata, Paul J.	125	Kansas City
Camejo, Manuel	082	Springfield
Cameron, Jeffrey W.	125	Kansas City
***Cameron, Roger W.**	058	Jefferson City
Camp, Alan D.	002	St. Louis
Campbell, Albert J.	178	Sedalia
Campbell, Daniel C.	166	Ashland, OR
Campbell, David C.	190	St. Louis
Campbell, Edward D.	042	Cape Girardeau
Campbell, J. William	190	St. Louis
Campbell, James E.	046	Macon
Campbell, John	222	St. Louis
Campbell, Samuel J.	026	Columbia
Campbell, William S.,Jr.	042	Cape Girardeau
Campos, Francisco J.	190	St. Louis
Canaan, Samuel A., Jr.	190	St. Louis
Canales, John F.	222	St. Louis
Canent, Ramon V.	125	Kansas City
Canizares, Maria J.	218	St. Louis
Cannon, Jenifer M.	190	St. Louis
Cannon, Richard E.	189	St. Charles
Cano-DeBelen, Grace	150	Canton
Cantor, Harvey E.	190	St. Louis
Capapas, Lena R.	002	St. Louis
Caplin, David A.	190	St. Louis
Caputo, Cynthia J.	125	Blue Springs
Cara, Elma E.	002	St. Louis
Carden, Juan O.	190	St. Louis
Cardwell, Daniel R.	066	Bolivar
Carey, Larry J.	082	Springfield
Cargill-Hickman, Dianna	050	Liberty
Carleton, Charles E.	138	Farmington
Carlin, M. Richard	190	St. Louis
Carls, Garry L.	190	Imperial
Carlson, John V.	014	Mexico
Carlton, Lynn N.	082	Springfield
Carmichael, Joseph C.	218	Columbia
Carmichael, Kim A.	190	St. Louis
Carnes, Victor M.	102	Durham, NC
Carolla, Robert L.	002	Springfield
Carpenter, David W.	216	Fenton
Carpenter, George T.	030	St. Joseph
Carpenter, James L.	189	St. Peters
Carpenter, Wallace	158	Rock Port
Carpino, Stephanie J.	125	Independence
Carr, George W.	058	Jefferson City
Carr, Phillip W.	082	Reeds Spring
Carrier, John A.	190	Ballwin
Carrington, Howard W.	115	Lebanon
Carroll, Thomas W.	018	Lamar
Carson, Julia M.	224	Kansas City
Carter, Dale M.	082	Springfield
Carter, Gary L.	050	N. Kansas City
Carter, James E., Jr.	125	Leawood, KS
Carter, James R.	166	Neosho
Carter, Jennifer B.	224	Kansas City
Carter, Robert L.	102	Joplin
Caruso, A. Cosmo	125	Kansas City
Caruso, Alfred A.	125	Shawnee Mission, KS
Caruso, Peter J.	125	Kansas City
Cary, John M.	190	Chesterfield
Case, Daniel S.	224	Kansas City
Case, Mary E.	190	St. Louis
Case, William F.	125	Overland Park, KS
Casement, Brian A.	125	Kansas City
Casey, Arthur L.	190	St. Louis
Casey, Eliot C.	190	St. Louis
Cashman, John W.	125	Shawnee Mission, KS
Cason, Elbert H.	190	St. Louis
Cassat, James D.	207	Washington
Castaneda, Marco A.	190	Bridgeton
Caster, John P.	115	Springfield
Caster, Philip W.	115	Lebanon
***Castle, Nial K.**	126	Shawnee, KS
Cates, Joe A.	125	Kansas City
Cathcart, David L.	120	Camdenton
Catron, David O.	042	Cape Girardeau
Caughron, Michael R.	125	Kansas City
Cento, Donald P.	202	Sikeston
Cernik, Christine C.	190	Chesterfield
Cerullo, Michael A.	216	St. Louis
Cerza, Robert F.	042	Cape Girardeau
Chaffin, Jerald D.	208	Branson
Chalk, David E.	207	Washington
Chalkley, Judson I.	026	Columbia
Champion, Gretchen	222	St. Louis
Chan, Celia L.	042	Cape Girardeau
Chan, Jennifer W.	216	St. Louis
Chan, Stanley	222	St. Louis
Chanasue, John A.	190	Florissant

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*Doctor of Osteopathy

Chandler, R. Allen	125	Kansas City
Chandra, Ritik	222	St. Louis
Chang, Caroline M.	125	Kansas City
Chang, Chil K.	026	Columbia
Chang, Craig C.	126	Kansas City
Chang, Gregory S.	190	St. Louis
Chang, Robert T.	220	Mission, KS
Chang, Shirley M.	126	Kansas City, KS
Chanvitayapongs, Jiravud	216	St. Louis
Chanvitayapongs, Songsiri	218	Columbia
Chapman, James B.	042	Cape Girardeau
Chapman, Jean A.	042	Cape Girardeau
Charapata, Steven G.	125	Kansas City
Charles, Francois	190	St. Louis
Charnas, Raymond M.	190	St. Louis
Chase, Ned B.	102	Joplin
Chase, Peter J.	216	St. Louis
Chastain, Charles W.	138	Bonne Terre
Chatterji, Manjil	220	Kansas City
Chaudhari, A. Basit	042	Cape Girardeau
Chaudhuri, Tapan K.	125	Raytown
Chavez, Arianne	222	St. Louis
Chavez, Salvador	190	St. Louis
Cheek, Charles W.	026	Rocheport
Chehval, Michael J.	190	St. Louis
Chen, Chang-Hao D.	216	St. Louis
Chen, Flora	216	Cupertino, CA
Chen, Joseph	222	St. Louis
Chen, Li Ern	222	St. Louis
Chen, Michael	218	Columbia
Chen, Ting-Hsu	222	St. Louis
Chen, Victoria	222	St. Louis
Cheng, Christine	190	St. Louis
Cheng, Tammy P.	222	Arcadia, CA
Cheong, Monica	222	St. Louis
Chern, Allison	220	Lee's Summit
Chern, Mou S.	206	Ava
Chesney, George W.	102	Joplin
Chesney, John W.	102	Joplin
Cheung, Gilbert	222	St. Louis
Cheung, K. Charles	042	Cape Girardeau
Chi, Biddy M.	220	Mission, KS
Chi, Tien-Hsin	222	St. Louis
Chicoine, Michael R.	190	St. Louis
Chien, David W.	190	Chesterfield
Chilton, Jonathan D.	125	Kansas City
Chinsky, Murray	190	St. Louis
Chipongian, Raul A.	190	St. Louis
Chipps, Lisa K.	216	St. Louis
Chirino, Octavio R.	190	St. Louis
Chishti, Afshan F.	220	Kansas City
Chishti, M. Ishaq	190	St. Louis
Chittenden, Sarah H.	218	Columbia
Chiu, Johnson Y.	216	St. Louis
Cho, Kyu S.	190	St. Louis
Chod, Ronald J.	190	St. Louis
Choi, Dennis W.	190	St. Louis
Choi, Sei Young	189	St. Charles
Chokalingam, Vijay J.	216	Crestwood
Chong, Wincha	222	St. Louis
Chopra, Ashish	216	Brentwood
Chou, Arthur	218	Columbia
Chouinard, Michael P.	202	Sikeston
Choulakian, Armen	220	Kansas City
Christ, Martin H.	030	St. Joseph
Christenson, Mark D.	216	Olivette
Christiansen, Sidney G.	030	St. Joseph
Christiansen, Stephen D.	082	Springfield
Christianson, Charles S.	166	Mt. Vernon
Christy, John P.	034	Poplar Bluff
Christy, Raymond A.	082	Springfield
Chu, Fred C.	190	Chesterfield
Chun, Duck Sung	190	St. Louis
Chunduri, Krishna R.	190	St. Louis
Chung, T. David	034	Poplar Bluff
Churchill, Robert J.	026	Columbia
Ciapciak, Stanley J.	190	St. Louis
***Ciliberti, John A.**	050	Kansas City
Cirocco, William C.	125	Shawnee Mission, KS
Citardi, Martin J.	002	St. Louis
Clark, Alan D.	082	Carthage
Clark, Granville E.	125	Kansas City
Clark, Jennifer L.	026	Columbia
Clark, Larry K.	102	Joplin
Clark, Robert C.	030	St. Joseph
Clarke, Michael S.	082	Springfield
Clarke, Paul W.	042	Cape Girardeau
Clarkston, Kendell C.	126	Kansas City
Clary, Randall A.	002	St. Louis
Claseman, Wilma W.	190	St. Louis
Clayton, Edgar L.	082	Springfield
Clayton, William L., III	135	Duke
Clever, Henry W.	189	St. Charles
Clever, Victor G.	189	St. Charles
Cline, Merle A.	125	Kansas City
Cloran, Francis J.	222	St. Louis
Clothiaux, Pierre L.	082	Springfield
Clothier, Robert W.	125	Independence
Clough, Charles A.	125	Kansas City
Clouse, John W.	082	Springfield
Clymer, David J.	125	Kansas City
Coates, James G.	002	St. Louis
Cobb, Milton L.	190	St. Louis
Cochran, Calvin D.	125	Kansas City
Cochran, Christopher D.	126	Kansas City
Cochran, David S.	082	Springfield
Cochran, Thomas E.	082	Springfield
Cockerell, Charles F.	125	Blue Springs
Cockerell, Sanford F.	125	Independence
Cockrell, Steven N.	150	Hannibal
Codd, John E.	190	St. Charles
Coe, Douglas A.	125	Kansas City
Coe, Tracy L.	102	Joplin
Coffin, Helen K.	125	Shawnee Mission, KS
***Cohen, Donald L.**	125	Overland Park, KS
Cohen, Edward	190	St. Louis
Cohen, Harry B.	014	Columbia
Cohen, Hillard K.	190	St. Ann
Cohen, Marvin C.	125	Harrisonville
Cohen, Max M.	190	St. Louis
Cohen, Michael	222	St. Louis
Coin, Richard E.	190	St. Louis
Cokingtin, Cliff	125	Overland Park, KS
Cokingtin, Leovigildo C.	125	Independence
Colapinto, Edward V.	026	Columbia
Cole, Donald E.	026	Columbia
Cole, Harry O.	190	Chesterfield
Cole, Sherman W.	125	Kansas City
Cole, William R.	178	Sedalia
Coleman, Kevin A.	190	St. Louis
Coleman, Matthew J.	042	Cape Girardeau
Coleman, Terrence W.	125	Liberty

*Doctor of Osteopathy

Colglazier, Mary C.	125	Lee's Summit
Collins, John J., III	216	Richmond Hghts
Collins, John W., Jr.	125	Independence
Collison, R. Michael	082	Strafford
Colom, George A.	125	Shawnee Mission, KS
Colombo, Jennifer	216	Kansas City
Colwill, Jack M.	026	Columbia
Comas, Manuel R.	190	Dunnellon, FL
Comfort, George D.	014	Mexico
Commerford, John F.	189	St. Charles
Compton, Johnathan M.	218	Columbia
Conant, James F.	030	St. Joseph
Conley, Peter J.	216	St. Louis
Conn, Robert D.	125	Kansas City
Convery, Paul B.	190	St. Louis
Conway, Robert R.	026	Columbia
Cook, James R.	082	Springfield
Cook, Katherine S.	135	Rolla
Cook, Marvin A.	190	St. Louis
Cook, Paul R.	026	Columbia
Cook, Sarah	222	St. Louis
Cook, Thomas B.	118	Richmond
Coonce, D. Curtis	042	Cape Girardeau
Cooper, Barry J.	190	St. Louis
***Cooper, Glen E.**	026	Columbia
Cooper, Robert L., II	110	Warrensburg
Cooper, T. J.	190	Farmington
Cooper, V. Kent	125	Kansas City
Coordes, Cordie C.	190	Chesterfield
Coordes, Kathleen M.	190	St. Louis
Cope, James C.	026	Ft. Myers, FL
Copeland, Jeffrey G.	189	St. Peters
Copeland, Michael L.	125	Independence
Copp, Ralph	190	Tucson, AZ
Coppinger, Thomas A.	125	Kansas City
Corcoran, Francis H.	102	Joplin
Cordell, Larry D.	125	Kansas City
Corder, James C.	190	St. Louis
Corder, Patricia G.	190	St. Louis
Corder, Robert L.	030	St. Joseph
Cornella, Frank A.	082	Springfield
Cornwell, Karen R.	125	Kansas City
Corrado, Joseph A.	014	Mexico
Corry, Janice	218	Iowa City, IA
Cort, David H.	190	St. Louis
Cortner, Mary C.	125	Kansas City
Corvalan, Juan C.	190	St. Louis
Corwin, Kenneth D.	190	St. Louis
***Corzine, John J.**	030	St. Joseph
Costaldi, Mark E.	216	St. Louis
Costello, Kristen M.	218	Columbia
Costen, William S.	190	Chesterfield
Costin, Jimmy L.	034	Poplar Bluff
Cotton, Thomas R.	125	Shawnee, KS
Couchman, Ryan W.	190	St. Louis
Couper, Nicholas B.	026	Columbia
Covert, Richard A.	190	St. Louis
Cowden, John W.	026	Columbia
Cox, Curtis S.	058	Jefferson City
Cox, Jeffrey L.	102	Joplin
Cox, John P.	030	Amazonia
Coxe, William S.	190	St. Louis
Coyne, Patrick M.	190	St. Louis
Cozad, Scott C.	002	Kansas City
Cozean, Charles H.	042	Cape Girardeau
Cradock, Thomas V.	190	St. Louis
Crafts, David	190	St. Louis
Craig, Alan G.	190	St. Louis
Craig, Kimberley B.	224	Kansas City
Craig, Richard O.	030	St. Joseph
Craig, Robert D.	002	St. Louis
Craig, Stefan	189	St. Charles
Craig, Vanessa	222	St. Louis
Craighead, Michael L.	058	Jefferson City
Cram, John W.	208	Springfield
Cramer, Quentin	125	Kansas City
Crandall, Richard E.	190	Chesterfield
Crane, James P.	190	St. Louis
Crane, John B.	207	Washington
Cravens, David D.	026	Columbia
Cravens, Lizbeth D.	125	Kansas City
Cravens, William P.	038	Fulton
Craver, Jeffrey L.	190	St. Louis
Crawley, Jennifer H.	125	Kansas City
Creeelius, Alicia R.	216	Del Mar, CA
Crepps, Louis F.	190	St. Louis
Crespin, Stephen R.	190	St. Louis
Crespo, Horacio T.	207	Warrenton
Crespo, Remedios R.	207	Warrenton
Creswell, Lawrence L.	190	Chesterfield
Criscione, James R., Jr.	190	St. Louis
Criscione, James R., Sr.	190	St. Louis
Criscione, James S.	190	St. Louis
Critchlow, J. Thomas	042	Cape Girardeau
Critchlow, Michael E.	042	Cape Girardeau
Crocker, Michael A.	002	Kansas City
Crockett, James E.	125	Kansas City
Croll, Gregory H.	026	Columbia
Cronbach, Emily	222	St. Louis
Cronemeyer, Richard L.	125	Lee's Summit
Crooks, Carol Y.	220	Kansas City
Crosby, William H.	102	Joplin
Crosnoe, Janna R.	042	Cape Girardeau
Crotty, John P.	190	St. Louis
Crouch, John A.	026	Columbia
Croughan, Jack L.	190	St. Louis
Crow, Brad	216	St. Louis
***Crow, Sam A., II**	082	Springfield
***Crowell, Tamara E.**	125	Lee's Summit
Crowley, William J.	026	Spicewood, TX
Croy, David W.	102	Joplin
Crumpacker, Margaret	190	St. Louis
Crumpacker, Rex K.	102	Joplin
Cruz, Gina A.	218	St. Louis
Cruz, Sergio G.	166	Monett
Cryer, Philip E.	190	St. Louis
Cuddihee, Robert E.	190	St. Louis
Cullen, Shawn P.	216	St. Louis
Culver, Perry J., Jr.	125	Kansas City
Cummings, Clayton	218	Columbia
Cummings, Lenise A.	216	St. Louis
Cummings, Samori O.	216	St. Louis
Cummings, Steven W.	190	Brentwood
***Cummins, Gregory A.**	126	Kansas City
Cundiff, H. Clay	125	Independence
Cunningham, D. Dean	082	Springfield
Cunningham, Edwin J.	190	Chesterfield
Cunningham, Milamari	026	Columbia
Cunningham, R. Raymond	026	Columbia
Cunningham, William F.	082	Springfield
Cupp, Gerald V.	026	Columbia

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Cupp, Michael R.	Columbia	026
Curnow, Richard B.	Liberty	050
Curran, Terrence	Kansas City	125
Curry, Michael D.	Columbia	026
Curry, Michael J.	St. Charles	189
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Davis, J. Lawrence	Bridgeton	190
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***Davis, Larry E.**	N. Kansas City	050
Davis, Leonard L.	Columbia	014
Davis, Matthew D.	Pleasant Valley	224
Davis, Richard V.	Hannibal	150
Davis, Ryan M.	Blue Springs	126
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Denninghoff, James C.	Columbia	026
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Dennis, Alia M.	Overland Park, KS	220
Denny, Matthew	St. Louis	222
***Depew, Deborah A.**	Cedar Hill	207
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Dexheimer, Frank R.	Columbia	026
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Diamond, Rene E. Kansas City	224
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Dickinson, Brett M. Kansas City	220
Diehl, Elizabeth W. St. Louis	190
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Dill-Bergmann, Debra A. St. Louis	190
Dilworth, Jacquelyn B. St. Louis	190
Dinkins, James A. Cape Girardeau	042
Ditmore, Q. Michael Columbia	026
Dix, Patricia M. Springfield	082
Dixon, Druery J. West Plains	206
Dixon, G. David Kansas City	125
Dixon, John R. Brookfield	078
DiFilippo, Emil A. St. Charles	189
DiPasco, Donald J. St. Louis	190
DiValerio, Richard M. St. Louis	190
Dmytryk, Eugene T. St. Louis	190
Doan, Laura B. Raytown	125
Doane, John F. Independence	125
Dobard, Dennis P., Jr. Springfield	082
Dobmeyer, Susan M. St. Louis	190
Dobyan, Dennis C. St. Joseph	030
Dodge, Philip R. St. Louis	190
Dodson, Jack M. Jefferson City	058
Dodson, Robert W. Memphis, TX	218
Doerhoff, Carl R. Jefferson City	058
Doisy, Philip P. St. Louis	190
Dolan, Patrick H. Ballwin	190
Domann, Darrel D. Springfield	082
Domjan, Daniel G. Cape Girardeau	042
Domke, Henry F. Jefferson City	058
Donati, Robert M. St. Louis	190
Donnell, Harold E. De Soto	106
Donnell, Robert H. Crystal City	106
Donovan, John F. St. Louis	190
Dorr, Vicki St. Louis	002
Dorsch, Ervin H. Independence	125
Dorsch, Stephen E. Kansas City	125
Dorton, Robert K. St. Louis	190
Dorzab, Linda L. Stilwell, KS	125
Dorzab, William E. Raytown	125
Doshi, Jayna K. Overland Park, KS	220
Douglas, Steven L., II East Prairie	202
Dowd, Thomas R. Independence	125
Dowell, George H. St. Louis	190
Dowling, Joshua L. St. Louis	190
Downey, Jon P. Cape Girardeau	042
Downs, Daniel M. Blue Springs	125
Drake, Roy F. Mission, KS	125
Drake, William L., Jr. St. Louis	190
Draney, Thomas E. Bella Vista, AR	125
***Draper, Richard E.** Cape Girardeau	042
Drechsel, Kadee E. Columbia	218
Dreher, Richard L. Leawood, KS	125
Drescher, Emmett B. St. Louis	190
Dresner, Steven M. Columbia	026
Dreyer, Carl J. St. Louis	190
Driks, Michael R. Kansas City	125
Driskell, Karen K. Kansas City	125
Drisko, Robert M., II Kansas City	125
Drozda, Joseph P., Jr. Chesterfield	190
Druck, Norman S. Chesterfield	190
Druet, Robert L. Springfield	082
Dubin, Sol H. Independence	125
Ducharme, Nichole M. Kansas City	224
Dudik, Randall G. Rolla	135
Duemler, Robert H. Glencoe	190
Duerksen, Joseph J. Shawnee Mission, KS	125
Duff, James E. Springfield	082
Dugan, Gerald F. Kansas City	125
Dumadag, Virgilio P. St. Louis	190
Duncan, David T. Wentzville	189
Duncan, Douglas M. Springfield	082
Dunn, Gavin St. Louis	222
Dunn, Jeff S. Kansas City	224
Dunn, Robert C., Jr. Washington	190
Dunshee, Robert E. Maryville	158
Dunteman, Edwin D. Chesterfield	002
Duong, Vu T. St. Louis	216
Durel, Justin H. St. Louis	190
Durnell, Monaford D. Lee's Summit	125
Durr, Jon W. St. Charles	190
Durrie, Daniel S. Shawnee Mission, KS	125
DuMont, Clement C. St. Joseph	030
DuMontier, Alan J. St. Louis	190
Dwyer, Frank X. Prairie Village, KS	125
Dwyer, James G. St. Louis	190
Dyer, Carla A. Columbia	027
Dyer, Curtis W. Warrensburg	110
Dyer, Dallas J. St. Louis	190
Dyer, David S. Kansas City	125
Dyer, Gary A. St. Joseph	030
Dyer, Jonathan A. Columbia	027
Dymond, John B., Jr. Osage Beach	120

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Eachempati, Uma R. Arnold	190
Ealovega, Mark Caton, MI	222
Easley, Kevin O. St. Louis	190
Eaton, Paula Kansas City	125
Eberle, Vincent L. St. Louis	190
Echols, Roderick E. St. Louis	222
Eck, Birkle St. Louis	190
Eck, Bryan D. West Plains	206
Eckardt, John R. St. Louis	002
Eckenrode, James F. Columbia	026
Ecker, Desider B. Sun City Ctr., FL	190
Eckert, Clarence T. Sarasota, FL	190
Edelman, Adam J. Columbia	218
Edmisten, Jack Independence	125
Edwards, Charles F. St. Louis	190
Edwards, David R. Kansas City	178
Edwards, Dean A. Cape Girardeau	042
Edwards, Theodore F. Kansas City	050
Efstathianos, Kimon Belleville, IL	190
Egan, Thomas F. St. Louis	190
Eggleston, Harry C. St. Louis	190
Ehlert, Tamara K. St. Louis	190

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Ehrlich, Carl F.	190	St. Louis
Eidelman, Jack R.	190	St. Louis
Eisemann, Gustave	125	Overland Park, KS
Eisen, Arthur Z.	190	St. Louis
Eisenbeis, John F.	190	St. Louis
Eisenberg, Steven B.	190	Chesterfield
Eisenmann, Benj P.	207	New Haven
Ekern, H. Peter	014	Mexico
Ekunno, Josiah O.	190	Florissant
Elam, Jim	206	Houston
Elbendary, Al A.	190	St. Louis
Elcock, Devera M.	190	Glencoe
Eldenburg, Donald O.	178	Sedalia
***Eldenburg, Steven C.**	178	Sedalia
Eldridge, Amy E.	222	St. Louis
Elias, David J.	125	Lake Tapawingo
Elias, Ivan J.	125	Kansas City
Eliasson, Sven G.	190	Pasadena, CA
***Ellefsen, Brian K.**	102	Carthage
Eller, Gordon W.	042	Cape Girardeau
Ellfeldt, Howard J.	125	Kansas City
Elliott, Raymond G.	125	Shawnee Mission, KS
Elliott, Wendell H.	034	Poplar Bluff
Ellis, Harry L.	082	Springfield
Ellis, Jean H.	125	Kansas City
Ellis, Katherine E.	222	St. Louis
Ellis, S. Christopher	125	Overland Park, KS
Ellzey, Barbara A.	190	St. Louis
Elseby, Susan	222	St. Louis
Elser, Otto H.	125	Independence
Elwing, Terry J.	026	Columbia
Emanuel, James P.	190	St. Louis
Engelhardt, Robert C.	034	Poplar Bluff
Engelland, Emily	222	St. Louis
Engels, John T.	190	St. Louis
Engler, Stephen R.	224	Kansas City
Enkvetchakul, Boonmee	082	Springfield
Enriquez, Roman S.	125	Kansas City
Ernst, Edwin C., III	190	St. Louis
Ernst, Joseph G.	190	St. Louis
Ernst, Richard E.	190	St. Louis
Esch, John G.	102	Joplin
Esparrago, F. R.	166	Monett
Esparza, Edward	222	St. Louis
Essman, Thomas F.	082	Springfield
Esther, John R.	102	Joplin
Esther, John W.	002	Springfield
Ettelson, Charles D.	190	Chesterfield
Etters, Amie L.	110	Warrensburg
Eubank, David F.	125	Lee's Summit
Evans, Andrew L.	002	Springfield
Evans, Jeffry T.	150	Hannibal
Evans, Joseph C., Jr.	125	Independence
Evans, Lawrence G., Jr.	190	St. Louis
Evans, Maria L.	026	Columbia
Evans, Megan D.	216	Des Peres
Evason, Kimberley J.	222	St. Louis
Evens, Ronald G.	190	St. Louis
Evenson, Juston D.	216	St. Peters
Evertsen, Nick J.	224	Independence
Exon, C. S.	058	Jefferson City

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Faber, Kevin M.	218	Columbia
Fabito, Daniel C.	190	St. Louis
Faddis, Mitchell N.	195	St. Louis
Fagan, Leonard F., Jr.	190	St. Louis
Fahrner, Mari A.	190	Chesterfield
Fair, Joanna	222	St. Louis
Fair, William L.	078	Chillicothe
Fakhoury, Donald A.	050	Kansas City
Falzone, John J.	058	Jefferson City
Fancher, Kelley	220	Mission, KS
***Farley, Gary W.**	190	St. Louis
Farmer, Christopher D.	218	Columbia
Farnham, Milo M.	125	Independence
Farrar, Michael W.	050	N. Kansas City
***Farrell, Kevin E.**	126	Kansas City
Farrell, Sammy L.	207	Washington
Farrell, Thomas M.	002	St. Louis
Farthing, Gene W.	082	Springfield
Farwell, Wildon R.	218	Columbia
Fast, Robert E.	030	St. Joseph
Faszholz, Mark S.	190	Chesterfield
Fathman, Anthony E.	190	Chesterfield
Faulkner, C. Byron	082	Springfield
Faust, Jeffrey N.	218	Columbia
Favors, Adolphus C., Jr.	190	St. Louis
Fedotin, Michael S.	125	Kansas City
Fee, Chester F.	125	Overland Park, KS
Feibel, Robt M.	190	St. Louis
Feldmann, Amy	222	St. Louis
Feliciano, Wilfrido C.	190	Maryland Hts.
Felker, J. Russell	042	Cape Girardeau
Felty, Nancy A.	218	Columbia
Feman, Stephen S.	190	St. Louis
Feng, Felix Y.	222	St. Louis
Ferguson, John F.	082	Springfield
Ferguson, John L.	082	Rogersville
Ferguson, Thomas B.	190	St. Louis
Fernandez, Fernando	030	St. Joseph
Ferneau, James E.	026	Columbia
Ferns, Francis E.	125	Kansas City
Ferrari, Herbert A.	190	St. Louis
Ferris, Charles W., Jr.	190	St. Louis
Ferris, Robert E.	058	Jefferson City
Fibuch, Eugene E.	125	Kansas City
Fichter, Christopher R.	218	Columbia
Fields, Aaron	224	Kansas City
Fields, January E.	126	Gladstone
Fields, Larry E.	190	St. Louis
Fine, Natasha W.	216	St. Louis
Fink, Doran	222	Evanston, IL
Fink, Leroy L.	190	Florissant
Finkel, Barney W.	190	N. Ft. Myers, FL
Finnegan, Joseph V.	190	St. Louis
Fioretti, Gene	042	Cape Girardeau
Fischbein, Lewis C.	190	St. Louis
Fischer, John R.	190	Hermann
Fischer, Robert	190	St. Louis
Fischer, Ronald L.	190	Chesterfield
Fisher, Dawn M.	126	Kansas City
Fisher, Jos L.	030	St. Joseph
***Fisher, Robert B.**	026	Columbia
Fishman, Norman	190	Chesterfield
Fitch, Coy D.	190	St. Louis
Fitz, John R.	138	Farmington
Fivian, Gerald J.	190	St. Louis
Flance, Israel J.	190	St. Louis
Fleming, Allan R.	125	Kansas City
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Fogarty, William M., Jr.	St. Louis	190
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Foley, Jonathon K.	Cape Girardeau	042
Folk, Scott M.	St. Joseph	030
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Forsman, Karen E.	St. Louis	190
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Forsythe, Lees C.	Shawnee Mission, KS	125
Fortunato, Vincent P.	St. Louis	002
***Fortune, Gary J.**	Marthasville	002
Foss, Jonathan M.	St. Louis	190
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Francis, Roger A.	Linn Creek	214
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Francisco, Dominic S.	St. Louis	190
Franey, Michelle R.	Kansas City	125
Frank, Gael R.	N. Kansas City	125
***Frank, Robert A.**	Independence	125
Franques, Ashlea E.	Kansas City	220
Fraser, Victoria J.	St. Louis	190
Frazier, Robert E.	Columbia	026
Frederickson, Neil W.	St. Louis	190
Freedman, Ruth S.	St. Louis	190
Freeland, Arthur G.	Warrensburg	110
Freeman, Brad	St. Louis	190
Freeman, James A.	Columbia	026
Freeman, Michael R.	Cape Girardeau	042
Freer, James M.	Columbia	218
Freer, Phoebe E.	St. Louis	222
Frein, Donald E.	Harrisonville	214
Freiner, Aundria L.	Kansas City	220
French, Michael A.	Hannibal	150
Frevert, Larry F.	Kansas City	125
Friedland, Michael L.	Kansas City	125
Friedman, Ira J.	Washington	207
Friedman, Michael J.	Columbia	026
Friedman, Morris L.	Shawnee Mission, KS	125
Friedman, Robert H.	St. Louis	190
Friedman, William H.	St. Louis	190
Friesen, Randall G.	St. Charles	189
Frisch, Hope E.	Kansas City	224
Fristo, Todd E.	Lee's Summit	125
Fritsch, Andrew J.	Joplin	102
Fritz, David P.	Kansas City	125
Fritzlen, Thomas J.	Overland Park, KS	125
Froehlich, Thomas W.	Springfield	082
Frogge, Jim D.	Joplin	102
Frohman, Boris	Sikeston	202
Fromme, Glenn A.	Springfield	082
Frumson, Guy H.	Florissant	190
Fryer, Dorothy S.	St. Louis	190
Fu, Anna L.	St. Louis	190
Fu, Cary	Columbia	218
Fuchs, George J.	Lake Ozark	026
Fuhrman, Donald L.	Leawood, KS	125
Funsch, Robert E.	St. Louis	190

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Gabel, Michael G.	St. Louis	190
Gafarian, Kathleen	Springfield	082
Gafford, Franklin H., IV	St. Louis	190
Gaines, Robert W.	Columbia	026
Gainor, Barry J.	Columbia	026
Galakatos, Andrew E.	St. Louis	190
Galakatos, Gregory R.	St. Louis	190
Galate, Joseph F.	Kansas City	125
Galblum, Larry I.	Kansas City	125
Galbraith, Erin M.	St. Louis	216
Gale, Arthur H.	St. Louis	190
Gall, Clifford M.	Overland Park, KS	125
Gall, Ira C.	St. Louis	190
Galtor, Anat	St. Louis	222
Galvez, Sisenando P.	Marceline	078
***Ganelli, Ronald R.**	Carthage	102
Ganninger, Maria V.	Mission, KS	220
Gans, Lawrence A.	Florissant	190
Gantz, John A.	St. Louis	190
Garbutt, Jason	St. Louis	216
Garcia, Delia M.	St. Louis	190
Garcia, Juan C.	St. Louis	190
Garcia, Kathleen M.	St. Louis	190
Garcia-Ferrer, Eduardo	Miami, FL	190
Gardi, Delair	Columbia	027
Gardner, Joe A.	Joplin	102
Garfinkel, Bernard T.	St. Louis	190
Garg, Shamila	Lenexa, KS	126
Garner, James H.	Kansas City	125
Garner, Royal S.	Alamogordo, NM	058
Garrett, Robert W.	Columbia	218
Garrett, Ted E.	St. Louis	190
Garriga, Francisco J.	Florissant	190
Garrison, David L.	St. Joseph	030
Garrison, Roy F.	Kansas City	125
Garrison, Theodore W.	Camdenton	120
Garrison-Kester, Carla	Springfield	082
Garrotto, Lewis J.	Columbia	026
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Garwood, Sarah K.	218	Columbia
Gatchalian, Felicitas Z.	190	St. Louis
Gates, Mark L.	042	Cape Girardeau
Gaughan, Robert K.	190	St. Louis
Gauthier, Charles P.	125	Kansas City
Gavankar, Sharad S.	102	Joplin
Gavini, Srikanth	218	Columbia
***Gay, Daniel A.**	027	Columbia
***Gayle, David R.**	034	Piedmont
***Gayle, Richard E.**	034	Piedmont
Gearhart, Beth J.	190	St. Louis
Gearhart, David L.	190	St. Louis
Gedney, William B.	190	Glencoe
Gehm, Louis E.	214	Butler
Geier, David L.	082	Springfield
Geisse, Guillermo C.	190	Alexandria, VA
Gelberman, Sara C.	222	St. Louis
Gelhot, Helen T.	190	St. Louis
Geller, Bruce D.	125	Leawood, KS
Gellman, Elliot F.	190	St. Louis
Gemperli, Amy W.	125	Shawnee Mission, KS
Gendel, Jonathan	125	Lee's Summit
Gengler, Jon S.	050	N. Kansas City
Gennaoui, Jad M.	190	St. Louis
Genovese, Ann C.	014	Mexico
Gentle, Donald L.	042	Cape Girardeau
Gentry, Michael A.	082	Springfield
George, Achenklinju K.	206	West Plains
George, Mary Noel	218	Columbia
George, Robert W.	042	Cape Girardeau
Geraghty, Thomas E.	125	Kansas City
Gerber, Paula	222	St. Louis
German, David S.	190	St. Louis
German, Walter A.	082	Springfield
Germann, Donald R.	125	Shawnee Mission, KS
Gernstetter, S. L.	034	Poplar Bluff
Gerowin, Lance	190	St. Louis
Gessler, James A.	082	Springfield
Geter, Rodney K.	082	Springfield
Ghafoor, Nadia	218	Columbia
Ghiz, Adam F.	222	St. Louis
Gholkar, Vijay R.	125	Kansas City
Ghosh, Nillima N.	190	St. Louis
Giangiacomo, Annette L.	218	Columbia
Gibbons, James J.	190	St. Louis
Gibbons, Robert T., Jr.	125	Kansas City
Gibbs, Scott R.	042	Cape Girardeau
Gibfried, Matthew J.	218	Columbia
Gibson, David M.	125	Santa Fe, NM
Gibson, James D.	082	Springfield
Gibson, Paul H.	190	St. Louis
Gibson, William P.	190	Chesterfield
Giddings, Frank C.	082	Springfield
Gieselmann, James W.	034	Poplar Bluff
Gilbirds, William M., II	050	Kansas City
Gill, Paul J.	082	Springfield
Gilliland, Craig	002	Kansas City
Gillispie, John L.	208	Kimberling
Gilula, Louis A.	190	St. Louis
Giminez, Maryann	222	St. Louis
Gimpelson, Richard J.	190	Chesterfield
Ginejko, Joseph J.	224	Kansas City
Ginsberg, B. William	125	Kansas City
Ginsberg, Fred B.	190	Swansea, IL
Giorgi, Lee V.	125	Kansas City
Gipson, J. David	082	Springfield
Givler, Robert L.	125	Belton
Glaser, Dee Anna	002	St. Louis
Glaser, Larry F.	125	Cleveland
Glaser, Max J.	125	Kansas City
Glass, William J.	166	Ozark
Glatz, Andrew C.	222	St. Louis
Glazer, Harvey S.	190	St. Louis
Glazer, Melvin L.	125	Kansas City
Glazzard, Charles D.	082	Nixa
Glenn, Byron C.	042	Cape Girardeau
Glenn, Edward A., III	150	Louisiana
Glenn, Theodore J.	042	Cape Girardeau
Glenski, James A.	125	Kansas City
Glines, Michael H.	190	Arnold
Glover, David	110	Warrensburg
Glueck, Robert M.	125	Kansas City
Gnade, Albert J.	190	St. Louis
Gnatz, Steven	026	Columbia
Godbee, Mitchell T.	218	Columbia
***Godfrey, Lincoln A.**	126	Kansas City
Godfrey, Stephen E.	190	St. Louis
Godlewski, Kris J.	125	Kansas City
Goeking, C. Keith	030	St. Joseph
Goel, Archna	222	St. Louis
Goff, John E.	102	Joplin
Gogel, Philip F.	216	St. Louis
Goheen, John R.	125	Kansas City
Gold, Jonathan A.	190	St. Louis
Goldberger, Stephen H.	034	Poplar Bluff
Golder, Robert E.	125	Kansas City
Goldman, Arnold M.	190	St. Louis
Goldman, Gordon M.	190	St. Louis
Goldring, Sidney	190	St. Louis
Goldsich, Edward	125	Shawnce Mission, KS
Goldstein, David E.	026	Columbia
Goldstein, Jordan	222	St. Louis
Goldstein, Marcy A.	002	St. Louis
Gollier, John C.	126	Kansas City
Goltschman, John P.	190	Florissant
Gomer, Erick	218	Columbia
Gomez, Cesar A.	190	Town & Country
Gomez, Patrick L.	082	Springfield
Gondring, William H.	030	St. Joseph
Gonuguntla, Ashweena	216	Newburgh, IN
Gonzales, Jose H.	174	Perryville
Good, Amy B.	220	Mission, KS
Good, Michael W.	082	Springfield
Good, Thomas H.	125	Kansas City
Goodenberger, Daniel M.	190	St. Louis
Goodhope, Karen F.	190	St. Louis
Goodman, Sara E.	218	Columbia
Goodwin, J. Wendall	082	Springfield
Gordon, Bruce J.	026	Columbia
Gordon, Glenn L.	014	Mexico
Gore, Pankaj A.	222	St. Louis
Gorman, Cecilia F.	218	Columbia
Gorman, Mary Jo	190	St. Louis
Gose, Don F.	082	Springfield
Gottsch, Joseph C.	125	Shawnee Mission, KS
Gould, Ronald J.	190	St. Louis
Gowda, Manohar Sai	126	Shawnee, KS
Gowda, Shubha A.	126	Shawnee, KS
Gowdamarajan, Rengasamy	125	Kansas City
Grable, James D.	042	Cape Girardeau
Grady, Ronald K.	190	St. Louis

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Grant, Laura L. Columbia	026
Grant, Neville Santa Fe, NM	190
Grant, Ruth Springfield	082
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Green, J. Richard Independence	125
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Greene, Howard G. Louisiana	150
Greene, Walter B. Columbia	026
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Griffin, Shawn St. Joseph	030
Griffin, William T. Columbia	026
Griffith, S. Kent Cape Girardeau	042
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Guillory, Robin St. Louis	222
Guinn, O. Allen, III Independence	125
Gujarati, Subhash B. Poplar Bluff	034
Gulick, C. Richard St. Louis	190
Gunderson, Jeffrey K. Springfield	082
Gunn, Jack Versailles	120
Gunn, Richard W. Kansas City	125
Gunn, Victoria Jefferson City	058
Gunnoe, Robert E. Kansas City	125
Gunter, Joe S. Overland Park, KS	030
Gunter, Nicolle M. Kansas City	126
Gupta, Neil Michigan City, IN	220
Gupta, Sanjaya K. St. Louis	216
Gupta, Vieram St. Joseph	030
Gur-Lavi, Joy St. Louis	222
Gurba, Carol L. Kansas City	125
Gurian, Lawrence E. Springfield	082
Gursahani, Kamal St. Louis	218
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Gutek, E. Philip Kansas City	125
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Habermann, James H. Joplin	102
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Hagan, John C., III N. Kansas City	050
Hagan, Margaret E. Independence	125
Hagan, Phillip F. Liberty	050
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Hall, John C. Kansas City	125
***Hall, John P.** Cape Girardeau	042
Hall, Kristen L. St. Louis	222
Hall, Robert T. Kansas City	125
Hall, Stanley G. Hannibal	150
Halpin, Stephen E. Hannibal	150
Halsted, Robert W. Washington	207
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Hannas, Ralston R. Tucson, AZ	125
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Hanson, Jason M. Chesterfield	190
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Hanson, Morin M. St. Louis	190
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Hardacre, Ruth A. Kansas City	125
Harding, Clarke T. Collinsville, IL	189
Hardy, David A. St. Louis	190
Hardy, H. Malcolm Shawnee Mission, KS	125
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Harell, Alex Denver, CO	190
Hargis, James L. Springfield	082
Hari, Magaral S. Joplin	102
Harless, Morris S. Memphis, TN	125
Harmon, Ben C. Springfield	082
Harms, James F. Nevada	214
Harr, Patrick B. Maryville	158
Harris, Daniel E. Cape Girardeau	042
Harris, Hugh G. Springfield	082
Harris, Hugh S., Jr. Columbia	026
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Harris, Louis B. Bolivar	066
Harris, Weldon L. Independence	125
Harrison, Garth F. Kansas City	125
Harrison, Thomas J., Jr. St. Charles	189
Harrison, Winston E. Columbia	026
Harshaw, Sara R. Columbia	218
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Hart, William G., Jr. St. Louis	190
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Hartman, James M. St. Louis	190
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Hartnett, Anna E. Clayton	190
Hartnett, Thomas D. St. Louis	190
Hartstein, Morris E. Florissant	002
Hartwig, Frederick H. Shawnee Mission, KS	125
Hartwig, Raymond W. Shawnee Mission, KS	125
Harvey, Judith E. Springfield	082
Harwell, J. Larry St. Louis	190
Harzman, Alan St. Louis	222
Haskins, Robert D., Jr. Springfield	082
Hassan, Anisa Joplin	102
Hassien, Joel D. Hannibal	150
Hatfalvi, Bela I. St. Louis	190
Hatfield, Daniel E. St. Louis	222
Hatlelid, J. Michael St. Louis	190
Haug, Darin L. Kansas City	224
Haulard, Marcel E. Wright City	190
Haupt, Herbert A. St. Louis	190
Hauser, Robert J. Jefferson City	058
Havey, John Columbia	026
Hawatmeh, Abraham S. St. Louis	190
Hawatmeh, Sam St. Louis	190
Hawes, Arthur S. Springfield	082
Hawk, Bray O. St. Louis	190
Hawley-Bowland, Carla Ft.Leonard Wood	135
Hawn, Kenneth D. Columbia	218
Haybron, David M. Columbia	026
Haycraft, Gordon L. Cape Girardeau	042
Hayden, Melvin R. Camdenton	120
Hayek, Michael E. St. Louis	190
Hayes, Kimberly W. Kansas City	125
Hayes, Nancy J. Mountain Grove	206
Haynie, William W. Butler	214
Hazan, Joseph Bridgeton	190
Hazen, Robert M. Prairie Village, KS	125
Hazuka, David F. Shawnee Mission, KS	125
Headrick, John A. Lake St. Louis	190
Healy, Brian E. Kansas City	125
Heath, Jimmy D. East Prairie	202
Heaton, Jennifer J. St. Louis	222
***Hechler, Mark L.** Warrensburg	110
Hecker, Joseph E. Poplar Bluff	034
Heeb, Max A. Sikeston	202
Hegde, Korgi V. St. Louis	190
Hegde, S. Roy Kansas City	125
Heimburger, Richard A. Jefferson City	058
Heins, James N. St. Louis	190
Heinsz, Amanda R. Columbia	218
Heinz, George, III Springfield	082
Heise, Julie R. Kansas City	125
Helikson, Mary A. Columbia	026
Hellam, Duane C. Springfield	082
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Hendershot, Richard J.	Olathe, KS	125
Henderson, Aphrodite M.	Hannibal	150
Henderson, Jaimie M.	St. Louis	190
Hennessey, Ann M.	Jefferson City	058
Henry, Amber L.	Kansas City	220
Henry, Clarke L.	Shawnee Mission, KS	125
Henry, Clarke L., Jr.	Kansas City	125
Henry, Joseph E.	Shawnee Mission, KS	050
Henry, Lawrence D.	Columbia	058
Henry, Mary M.	Kansas City	125
Henry, Norah L.	Bethesda, MD	222
Henry, R. Beth	Kansas City	125
Henson, Bruce E.	Kansas City	125
Herbers, Mark F.	Fenton	190
Herfkens, Kenneth D.	Springfield	082
Herman, Karlynn D.	Columbia	218
Herman, Robert L.	Kansas City	125
Hermann, Cathy	St. Louis	222
Hermsen, Kathryn P.	Belleville, IL	216
Hernandez, Salvador R.	St. Louis	190
Herold, Robert E.	St. Charles	189
Hershey, Falls B.	St. Louis	190
Hervey, William H.	Kansas City	125
Heryer, John W.	Kansas City	125
Herzog, Godofredo M.	Hazelwood	190
Herzog, Jacques A.	Chesterfield	190
Hesker, Albert E.	Chesterfield	190
Hess, L. Wayne	Clark	026
Hester, Jennifer K.	Kansas City	126
Hettinger, Brenda A.	Camdenton	120
Heutel, Lee B.	St. Louis	190
***Hevel, Robert W.**	Palmyra	150
Hickey, James L.	St. Louis	190
Hicks, Christina M.	Fulton	038
Hicks, Frederick G.	St. Louis	190
Hicks, Robb R., IV	Cape Girardeau	042
Hiebert, John M.	Kansas City	125
Hierholzer, Rebecca S.	N. Kansas City	125
Higgins, Edward F., Jr.	Kansas City	125
Higgins, Laura A.	Brentwood	216
Higgins, Michael G.	Cape Girardeau	042
Higgs, Philip E.	St. Louis	190
Highland, Thomas R.	Columbia	026
Hill, David K.	N. Kansas City	050
Hill, Jay B.	St. Louis	216
Hill, M. Robert	St. Louis	190
Hill, Michael L.	Joplin	102
Hill, Randy C.	Springfield	082
Hill, Ronald T.	Dexter	002
Hillard, Alan E.	Columbia	038
Hillman, Alicia A.	Kansas City	220
Hillman, Noah H.	Columbia	218
Hills, Joe E.	Springfield	082
Hilton, Paul E.	Joplin	102
Himes, Joyce B.	Springfield	082
Hinds, R. David	Columbia	026
Hindupur, Mohan R.	St. Joseph	030
Hindupur, Sandeep	Kansas City	220
Hinrichs, Christian S.	Kansas City	126
Hinrichs, James H.	Bridgeton	190
Hinshaw, Kevin D.	St. Louis	190
Hinton, Paul A.	St. Louis	216
Hintze, Paul F.	St. Louis	190
Hiorns, Debra	Kansas City	224
Hironimus, John E.	St. Louis	190
Hiser, Christy J.	Branson	208
Hishaw, Georg A.	Columbia	218
Hite, Dennis E.	Lebanon	115
Ho, Dora	St. Louis	222
Ho, Judith E.	St. Louis	190
Hoberock, Thomas R.	Branson	208
Hoekstad, Eric S.	Kansas City	125
Hodge, Robert H.	Kansas City	050
Hodge, Robert H., Jr.	Columbia	026
Hoehn, John P., III	St. Louis	190
Hoeman, Michael D.	Springfield	082
Hoeper, Samuel D., Jr.	Kansas City	125
Hoeper, Samuel D., Sr.	Grandview	125
Hoffarth, Sharon C.	St. Louis	190
***Hoffman, James E.**	Cape Girardeau	042
Hoffman, Jason	Liberty	220
Hoffman, Leanna M.	St. Joseph	078
Hoffman, Mark J.	St. Louis	190
Hoffman, Robert J.	Florissant	190
Hoffman, William F.	St. Louis	190
Hoffmann, Alan L.	Kansas City	125
Hoffmann, Lee M.	Shawnee Mission, KS	125
Hoffmann, Ronald E.	St. Louis	190
Hoffmann, Sandra S.	Chesterfield	190
Hofmeister, Roger W.	Columbia	026
Hogan, Cornelius E.	St. Louis	190
Hogan, John R.	St. Louis	190
***Hogan, Patricia E.**	Maryville	030
Hogan, Patrick A.	St. Louis	190
Hogan, Patrick C.	St. Louis	190
Hoja, John M.	Poplar Bluff	034
Hoja, W. Alex	Poplar Bluff	034
Holand, Roy W.	Springfield	082
Holds, John B.	St. Louis	190
Holekamp, Timothy	Columbia	026
Holemon, R. Eugene	St. Louis	190
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Holloway, Robert B.	St. Louis	190
Holloway, Walter R.	West Plains	206
Holmes, David R.	Springfield	082
Holmes, Nancy E.	St. Louis	190
Holmes, Stephen L.	Edwards	218
Holowaty, J. Carl	Chesterfield	190
Holt, Janis L.	St. Louis	216
Holtmann, Barbel	St. Louis	190
Holton, Edward B.	Independence	125
Holtz, Alan S.	St. Louis	190
Holtz, Sumner	Chesterfield	002
Holzem, Craig S.	Washington	207
Holzum, Donna	Chesterfield	002
***Hon, Sarah Jane**	Liberty	050
Honaas, Trygve O.	Cape Girardeau	042
Honeycutt, Pamela J.	Columbia	026
Hong, Stephanie	Kansas City, KS	220
Hoos, Gary L.	Springfield	082
Hooshmand, Ahmad	Jefferson City	058
Hopkins, Bobbi L.	Columbia	218
Hopkins, James P.	Shawnee Mission, KS	125
Hopson, David K.	St. Charles	190
Horacek, Jeri L.	Springfield	082

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Horan, John J., Jr.	190	St. Louis
Horenstein, Simon	190	Chesterfield
Horn, Paul C.	042	Cape Girardeau
Hornbostel, Phillip M.	178	Sedalia
Horne, Linda S.	190	St. Louis
Horner, John L.	190	Chesterfield
Hornig, Gregory W.	125	Overland Park, KS
Hornstra, Robijn K.	125	Kansas City
Horton, James D.	082	Springfield
Hoskins, R. Bruce	125	Kansas City
Hosler, Mark W.	042	Cape Girardeau
***Hosley, Brett D.**	150	Hannibal
Houck, William E.	190	Chesterfield
Houghton, Howard L.	125	Kansas City
Houseman, Andrew	222	St. Louis
Hover, Alexander R.	082	Springfield
Howard, Campbell P.	125	Shawnee Mission, KS
Howell, Billy D.	078	Brookfield
Howell, Greg	220	Kansas City
Hoye, Robert C.	174	Ste. Genevieve
Hrabik, Brent	158	Tarkio
Hruza, George J.	190	Town & Country
Hruza, Luciann L.	002	Ladue
Hsu, Alice	222	St. Louis
Hu, Shasa	222	St. Louis
Huang, David B.	120	Osage Beach
Huang, Jennifer	222	St. Louis
Huang, Michael	222	St. Louis
Hubbard, Dena K.	218	Columbia
Hubbard, Sally L.	082	Springfield
Hubbell, George P.	120	Osage Beach
Hubbell, Ira G.	026	Columbia
Hubbell, Marius M., Jr.	125	Gladstone
Huber, Kenneth C.	125	Kansas City
Hubert, John W.	190	Bridgeton
***Huck, Elizabeth L.**	190	St. Louis
Huck, Richard F., Jr.	190	St. Louis
Hucke, Samuel T., III	125	Kansas City
Hudgens, Richard W.	190	St. Louis
Hudgins, Marianne B.	125	Kansas City
Huellskoetter, Elisabeth	216	Shrewsbury
Huewe, Douglas A.	082	Springfield
Huff, Kalaichelvi R.	102	Joplin
Huffaker, William H.	190	St. Louis
Huffman, Larry	208	Branson W.
Hughes, Angela M.	216	St. Louis
Hughes, Inna	222	St. Louis
Hugo, Justin	216	St. Louis
Hulbert, Laura R.	190	St. Louis
Hull, Timothy A.	125	Kansas City
Hulstra, Johannes F.	082	Springfield
Humberd, Christina M.	218	Columbia
Hummel, Anton J.	190	St. Louis
Hummel, Gregory L.	125	Independence
Humphrey, Clinton D.	218	Columbia
Humphrey, James D.	158	Mound City
Humphrey, Paul W.	026	Columbia
Humphreys, Edward T.	026	Boonville
Humphreys, Mitchell R.	218	Columbia
Hungspreugs, Patsa	222	St. Louis
Hunsley, Perry U.	208	Salina, KS
Hunt, Darrell	222	St. Louis
Hunt, Robert S.	042	Cape Girardeau
Hunter, Heather N.	216	St. Louis
Hunter, James K., Jr.	158	Fairfax
Hunzicker, Warren J.	125	Kansas City
Hurley, Edward J.	218	Columbia
Hurley, Joseph J.	190	St. Louis
Hurly, Michael P.	102	Joplin
Hurst, Eva	222	St. Louis
Huse, William J., II	125	Kansas City
Hussain, Muhammad	027	Columbia
Huster, Robert M.	050	Liberty
Huston, Kent A.	125	Kansas City
Hutchinson, William B.	190	St. Louis
Hutchison, Dana L.	126	Prairie Village, KS
Hux, Frank J.	224	Kansas City
Hyatt, Andrew B.	224	Kansas City, KS

I

Ibrahim, Shariq M.	218	Columbia
Icaza, Ramiro	042	Jackson
Ide, Carl H.	026	Columbia
***Imhof, Kevin B.**	150	Hannibal
Imholt, Kristina M.	222	St. Louis
Inman, Max M.	190	Chesterfield
Iofin, Ilya	222	St. Louis
Ip, Aidan W.	190	St. Louis
Ippensen, John H.	082	Parker, CO
Ippolito, Joseph	222	St. Louis
Iqbal, Sherifa	220	Shawnee, KS
Irick, Constance M.	125	Overland Park, KS
Irvin, William M.	190	St. Louis
Irvin, William S.	026	Columbia
Isaac, Anita M.	082	Springfield
***Isaacs, Victor E.**	042	Scott City
Ishida, Yasuo	190	St. Louis
Israel, Atef F.	125	Kansas City
Itoku, Kendall A.	190	Chesterfield
Ivins, Gregory K.	038	Fulton
Iwane, Akira	190	Chesterfield
Izmirlian, Grant	190	St. Louis

J

Jackson, Jay A.	125	Kansas City
Jackson, Max G.	125	Kansas City
Jackson, Roger P.	050	Kansas City
Jackson, Thomas J.	220	St. Louis
Jackson, Vernon B.	038	Fulton
Jacob, Joe	202	Sikeston
Jacobi, Diane J.	014	Mexico
Jacobs, Donald L.	002	St. Louis
Jacobs, Morton	125	Overland Park, KS
Jaeger, Joseph N.	042	Cape Girardeau
Jaffe, Daniel M.	190	St. Louis
Jaggars, Marissa	222	St. Louis
***Jahnke, Jane E.**	125	Kansas City
Jain, Savitri G.	190	St. Louis
Jain, Sumer C.	190	St. Louis
Jain-Roberts, Sangeeta	058	Jefferson City
James, Dustin G.	222	Victor, NY
James, Elizabeth J.	026	Columbia
James, Kathleen M.	189	Lake St. Louis
James, Kelly M.	125	Independence
James, Ronald C.	026	Columbia
Jameson, James E.	082	Springfield
Jamroz, Greg A.	207	Washington
Jamry, Wit A.	002	St. Louis
Janeczko, Gregory F.	082	Springfield
Janney, Stephen K.	190	St. Louis
Janssen, Margaret E.	102	Joplin
Jantsch, Deborah A.	125	Kansas City

Jantz, Keith	Kansas City	125
Jarka, Dale E.	Overland Park, KS	125
Javdan, Ron	St. Louis	190
Jayamanne, Damasus S.	Jefferson City	058
Jedlinski, Michael T.	Cape Girardeau	042
Jefferson, Andrew J.	Kansas City	125
Jeffrey, Andrew C.	Roeland Park, KS	224
Jeffries, Joel T.	Columbia	026
Jenkins, Alex	Springfield	218
Jenkins, David C.	Kansas City	125
Jenkins, Edward R.	Laquey	135
Jenkins, James J.	St. Louis	190
Jennett, Richard B.	Jefferson City	058
Jensen, Joshua E., II	St. Louis	190
Jerome, Tawnyia	Marshall	198
Jiang, Jennifer C.	Columbia	027
Jimenez, David F.	Columbia	026
Jobe, Charles L.	Springfield	082
Johar, Ravi S.	Bridgeton	190
Johnson, C. L.	Kansas City, KS	125
Johnson, Chris A.	St. Louis	222
Johnson, Cristen J.	Columbia	218
Johnson, Dallas A.	Overland Park, KS	125
Johnson, Dennis L.	Sedalia	178
Johnson, Earl W.	Cape Girardeau	042
Johnson, Eric J.	Chesterfield	002
Johnson, Frank E.	St. Louis	002
Johnson, Gareth R.	Kansas City	125
Johnson, Glen E.	St. Louis	190
Johnson, Gordon L.	Crystal City	106
Johnson, Hillary D.	St. Louis	222
Johnson, James S.	Kansas City	125
Johnson, Joseph C., Jr.	Springfield	082
Johnson, Joseph E.	Kansas City	125
Johnson, Kevin T.	Bridgeton	190
Johnson, Lent C.	Hannibal	150
Johnson, Michelle M.	St. Louis	222
Johnson, Patrick E.	Farmington	138
Johnson, Peggy K.	St. Louis	195
Johnson, Robert D.	Springfield	082
Johnson, Steven M.	St. Louis	190
Johnson, Thomas M.	Shawnee Mission, KS	125
Johnson, Warren L., Jr.	Kansas City	125
Johnson, Zorata R.	St. Louis	216
Johnston, Heather	Columbia	222
Johnston, James M., Jr.	St. Louis	222
Johnston, Marilyn F.M.	St. Louis	190
Johnston, Richard	St. Louis	190
Johnstone, John T.	St. Louis	190
Jolly, Ben L.	Mexico	014
Jonas, Harry S.	Lee's Summit	125
Jones, Bruce N.	Chesterfield	190
Jones, Edward S.	Overland Park, KS	214
Jones, Gale O.	Prairie Village, KS	125
Jones, Georgia A.	St. Louis	190
Jones, Gordon	Sikeston	202
Jones, Harold L.	Springfield	082
Jones, Jeffrey T.	Joplin	102
Jones, Justin E.	Mexico	014
Jones, Laird	Springfield	082
Jones, Maynard C., Jr.	Lee's Summit	125
Jones, Michael D.	Mexico	014
Jones, Michael P.	St. Louis	216
Jones, Paul R.	N. Kansas City	050
Jones, Paul S.	Joplin	102
Jones, Randall W.	Independence	125
Jones, Rebecca M.	Kansas City	126
Jones, Richard A.	St. Louis	190
Jones, Robert P.	Blue Springs	125
Jones, Robert R.	Nevada	214
Jones, Robin R.	Columbia	026
Jones, Salina D.	Columbia	218
Jones, T. Reid	Prairie Village, KS	125
Jones, Timothy R.	St. Louis	190
Jones, Trenton	Cape Girardeau	042
***Jordan, Earl L., Jr.**	Joplin	102
Jordan, Staci M.	Kansas City	126
Jorgensen, Eric D.	Columbia	026
Jorgensen, Sarah K.	Kansas City	224
Joseph, Amy M.	St. Louis	002
Joseph, Daniel P.	St. Louis	002
Joseph, Harold J.	St. Louis	190
Josephson, Scott A.	St. Louis	222
Joshi, Amit M.	Merriam, KS	126
Joshi, Surekha K.	St. Louis	190
Jost, Charles A.	N. Ft. Myers, FL	190
Jotte, Richard F.	St. Louis	190
Jotte, Richard P.	St. Ann	190
Joyce, Rex M.	Kansas City	126
Jubinski, Stephen Jr.	Swansea, IL	216
Judd, Corey D.	St. Louis	216
Judd, Donald R.	St. Louis	190
Judd, Jeffrey B.	St. Louis	190
Judge, Steven J.	Washington	207
Judy, Joseph D.	Beloit, WI	026
Juergens, William G.	St. Louis	190
Jung, Christopher H.	Cape Girardeau	042
Jung, J. Marshall	Cape Girardeau	042
Jung, Simon C.	N. Kansas City	050
Junker, James A.	St. Louis	106
Jura, Sibyl E.	Merriam, KS	220
Justesen, Scott C.	St. Louis	216
Justus, John B.	Shawnee Mission, KS	125

K

Kader, Gihan A.	Chesterfield	190
Kaftan, Harold A.	Lee's Summit	125
Kagan, Stuart M.	Kansas City	125
***Kahatapitiya, Ravindra**	Gladstone	126
Kairuz, Bartolome C.	St. Louis	190
Kaiser, George C.	St. Louis	190
Kaiser, Scott D.	Kansas City	126
Kallenbach, Glen P.	Mexico	014
Kamakas, Nicholas C.	St. Louis	190
Kamenetzky, Stephen A.	St. Louis	190
Kanagawa, Harold K.	Jefferson City	058
Kanarek, Henry L.	Kansas City	125
Kanarek, Joseph	Kansas City	125
Kane, Michael J.	Poplar Bluff	034
Kang, Glara J.	St. Louis	216
Kang, Juan	St. Louis	190
Kang, Young M.	West Plains	206
Kanne, Marty A.	Kansas City	050
Kantor, Julius M.	Mission Hills, KS	125
Kantor, Samuel	Englewood, CO	125
Kanungo, Sriraj T.	Chesterfield	216
Kaplan, Henry J.	St. Louis	190
Kapp, Dave	Perryville	174
Kapp, Marybeth	Cape Girardeau	042
Kapp, William K., III	Cape Girardeau	042
Kappesser, Netajean G.	Utica	190
Kappesser, Roland C.	Utica	190
Kardesch, Milton	St. Louis	190

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Karges, Melvin D.	Joplin	102
Karl, Michael M.	St. Louis	190
Karp, Elena R.	St. Louis	222
Karpilskaya, Yekaterina	St. Louis	222
Karraker, Alvan G.	Farmington	138
Karsh, Robert S.	St. Louis	190
Kartus, Irving	Shawnee Mission, KS	125
Kase, James B., Jr.	N. Kansas City	125
Kass, Michael A.	St. Louis	190
Kasten, Mark C.	Cape Girardeau	042
Kasten, Melvin C.	Cape Girardeau	042
Katbamna, Bhagirath H.	Hannibal	150
Katf, Nicola Y.	Kansas City	050
Katsantonis, George	St. Louis	190
Kauffman, Ruth	Versailles	120
Kaufman, Andrew B.	Kansas City	125
Kaufman, Bruce A.	St. Louis	190
Kaufman, Robert L.	St. Louis	190
Kauk, Bruce A.	N. Kansas City	050
Kaup, Chandra S.	Florissant	190
Kawamura, David	St. Louis	222
Kayanan, Jose C.	Kansas City	125
Kayes, Jack	St. Louis	190
Kayser, Jason A.	Maryland Hts	218
Keairnes, Harold W.	Kansas City	125
Keefe, Catherine E.	St. Louis	216
Keefe, David M.	O'Fallon	189
Keesal, Dennis	Chesterfield	189
Keeven, Shawn J.	St. Louis	216
Kefalas, John C.	Washington	207
Keiper, Arthur S., III	Columbia	026
Keisler, Lydia W.	Jefferson City	058
Keithahn, Mari A.Z.	Columbia	026
Keithahn, Stephen T.	Columbia	026
Keller, Maurice J.	St. Louis	190
Keller, Stephen M.	St. Louis	190
Keller, Travis J.	Olathe, KS	126
Kellett, John G.	St. Louis	190
Kelley, Rebecca B.	Auxvasse	038
Kelly, Charles R.	Kansas City	125
Kelly, James B.	Kansas City	125
Kelly, John B.	Joplin	102
Kelly, John J.	St. Louis	190
Keltner, Raymond M., Jr.	St. Louis	190
Kendis, Joseph B.	St. Louis	190
Kenneally, Cynthia Z.	St. Louis	190
Kennedy, David G.	St. Louis	190
Kennedy, David R.	Kansas City	126
Kennett, Jerry D.	Columbia	026
Kenney, Douglas R.	Clinton	086
Kenney, John D.	St. Louis	002
Kenney, John D., III	Kansas City	125
Kenney, Roy E.	Neosho	166
Kensel, Scott	Springfield	082
Kenter, Keith	Columbia	026
Keohane, Mark	St. Charles	189
Kerley, Spencer W.	Leawood, KS	125
Kessel, James W.	St. Louis	190
***Kesseler, Randall G.**	Mountain Grove	206
***Kessler, Alan Z.**	Kansas City	125
Kessler, William D., Jr.	Joplin	102
Kester, Nathan L.	Springfield	082
***Kettelkamp, Richard T.**	Kansas City	126
Khalil, Tamer G.	Springfield	082
Khan, Khawla B.	St. Louis	002
Khanna, Priya	Kansas City	224
Khatana, Anup K.	Kansas City	125
Khojasteh, Ali	Columbia	026
Khojasteh, Saaid	St. Charles	002
Khoury, Cecile S.	Leawood, KS	125
Khurana, Satish K.	Lenexa, KS	125
Kiburz, Douglas W.	Sedalia	178
Kichura, George M.	St. Louis	190
Kies, Richard L.	Cape Girardeau	042
Kilbride, Howard W.	Kansas City	125
Kim, Chul	Poplar Bluff	034
Kim, Edy	St. Louis	222
Kim, Hee-Sun	Springfield	082
Kim, Helen Y.	St. Louis	222
Kim, Hyung S.	St. Louis	222
Kim, Paul	St. Louis	222
Kim, Stanley W.	St. Louis	190
Kim, Yang H.	Washington	207
Kim, Yong Kie	Vista, CA	042
Kimble, Harvey S.	Shawnee Mission, KS	125
Kimlinger, William R.	Jefferson City	058
Kinder, James A.	Cape Girardeau	042
Kinder, Jerry L.	Cape Girardeau	042
Kindred, Lynn H.	Kansas City	125
Kindred, Meya L.	Kansas City	125
King, Erin	St. Louis	222
***King, Glen W.**	Kansas City	126
King, Gregory S.	St. Louis	190
King, J. Tenbrook	Prairie Village, KS	125
King, James A.	Des Peres	002
King, John V., Jr.	Chesterfield	190
King, John V., Sr.	St. Louis	190
King, Richard H.	Clinton	086
King, Robert D.	Columbia	218
King, Tinna P.	St. Louis	190
Kinsella, Edward D.	St. Louis	190
Kinsella, Peter W.	St. Louis	190
Kinsella, Ralph A., Jr.	St. Louis	190
Kinzie, Daniel	St. Louis	222
Kipnis, David M.	St. Louis	190
Kipper, Scott W.	Hazelwood	216
Kirkland, Jerry A.	Kansas City	050
Kirsch, Jeffrey P.	St. Louis	190
Kissane, John M.	St. Louis	190
Kissell, Richard W.	Springfield	082
Kistler, W. David, Jr.	St. Louis	190
Kitchens, Daniel L.	St. Louis	190
Kitchin, Winston H.	St. Louis	190
Kiyanclar, M. Emin	St. Louis	190
Klearman, Micki	St. Louis	190
Klein, Jennifer M.	St. Louis	222
Klein, Kendel L.	Mt. Vernon	166
Klein, Sandra E.	St. Louis	222
Klein, Saul J.	St. Louis	190
Kleinschmidt, Donn C.	St. Louis	190
Klemm, J. Martin	Kansas City	125
Klenk, Alison	St. Louis	222
Kleopfer, Lynn L.	Columbia	026
Kletzker, G. Robert	St. Louis	190
Kline, Carlyn M.	St. Joseph	030
Kline, Edmund W.	St. Joseph	030
Kline, James	St. Joseph	030
Klinkerfuss, George H.	Springfield	082
Klippel, Allen P.	St. Louis	190
Klock, Jennifer L.	Kansas City	224
Klonoski, Richard F.	Cape Girardeau	042
Kluesner, Gretchen E.	Pacific	216

Knabb, Henry F., Jr.	082	Springfield
Knabb, Kenneth E.	082	Springfield
Knakal, Roger C.	125	Colchester, VT
Knapik, Dennis M.	195	Kirkwood
Knapp, Avery K.	220	Overland Park, KS
Knapp, Jane F.	125	Roeland Park, KS
Knight, James W.	190	St. Louis
Knight, William A., Jr.	190	St. Louis
Knipschild, Bedford F.	198	Marshall
Knoch, H. Kermit	125	Shawnee Mission, KS
Knoek, Henry L.	190	St. Louis
Knop, Kevin F.	002	Liberty
Knopf, Harry L.	190	St. Louis
Knorp, John F.	216	St. Louis
Knowles, R. Raymond	190	St. Louis
Knowlton, Norman P., III	082	Springfield
Knudson, Dennis R.	026	Columbia
Koay, Kelly W.	222	St. Louis
Koch, F. Daniel	125	Olathe, KS
Kodner, Ira J.	190	St. Louis
Koederitz, Natalie M.	218	Columbia
Koehler, George A.	190	St. Louis
Koehn, Douglas P.	198	Marshall
Koenig, Carolyn	216	St. Louis
Koenig, Marvin I.	190	St. Louis
Koerner, Kenneth A.	190	St. Louis
Kofkoff, Richard L.	190	Bridgeton
Kohm, Mary Jane F.	002	Ladue
Koivunen, Debra G.	026	Columbia
Kolb, Jason T.	222	Brentwood
Kolb, Lisa G.	058	Jefferson City
Kolda, Michael A.	042	Cape Girardeau
Kolker, Allan E.	190	St. Louis
Kolze, Vernon W.	082	Springfield
Koneru, Bobby	218	Columbia
Kontak, Andrew C.	220	Kansas City
Koo, Michele D.	190	St. Louis
Koonce, John P.	058	Jefferson City
Kopelson, Jeffrey C.	190	Brewester, NY
Kopp, Shelby K.	190	St. Louis
Kopperman, Mordecai	125	Kansas City
Koppers, Lawrence E.	050	Liberty
Korba, Christiane K.	207	Washington
Korenblat, Phillip E.	190	St. Louis
Korenfeld, Michael S.	207	Washington
Korn, Robert L.	190	Las Vegas, NV
Korngold, Ethan	222	St. Louis
Kosse, Karl E.	030	St. Joseph
Koster, Erik	224	Prairie Village, KS
Kotner, Lawrence M., Jr.	190	St. Louis
Kouchoukos, Nicholas T.	190	St. Louis
Kouo, Louis	042	Cape Girardeau
Kowert, Edward H.	190	St. Louis
Koymen, Altug	222	St. Louis
Kraeger, Russell R.	190	St. Louis
Kraemer, Edwin T.	125	Lee's Summit
Kraft, Jacob	125	Palm Springs, CA
Krahn, Eve M.	050	Kansas City
Kraichely, Robert	216	Hazelwood
Krain, Samuel	190	St. Louis
Krajcovic, David P.	190	Chesterfield
Krambeck, Amy E.	218	Fulton
Kramer, Robert S.	190	St. Louis
Kranson, Seymour J.	125	Wilton, CT
Kratz, Donald P.	082	Springfield
Kraus, Frederick T.	190	St. Louis
Krause, Deborah B.	224	Independence
Krautmann, John J.	058	Jefferson City
Krechel, Susan W.	026	Jonesburg
Kreikemeier, Jeff	218	Columbia
Krejci, Elise	222	St. Louis
Krenning, Judyann	135	Rolla
Kretchmar, Alan P.	190	St. Louis
Krettek, John E.	190	Chesterfield
Kreusser, Katherine L.	190	St. Louis
Krewet, Frank A., III	190	St. Louis
Krishna, Padma	125	Shawnee Mission, KS
Krishna, Rohit	125	Kansas City
Kroeger, George B., Jr.	190	St. Louis
Krojanker, David N.	190	St. Louis
Krojanker, Rolf J.	190	St. Louis
Kromer, Charles J.	190	St. Louis
Kronemer, Keith A.	190	St. Louis
Kronemer, Norton S.	190	St. Louis
Kroutil, Candise D.	166	Aurora
Krummenacher, Thomas	190	St. Louis
Kruse, Carl R.	150	Palmyra
Kuangparichat, Manoch	118	Excelsior Spgs.
Kuebel, Richard J.	190	St. Louis
Kuennen, Scott H.	126	Kansas City
Kuenzi, Donald E.	050	Kansas City
Kuhn, Ann Marie	222	St. Louis
Kuhn, Lawrence F.	190	Bridgeton
Kujath, Scott W.	002	Kansas City
Kulak, Gary	190	Creve Coeur
Kulick, Eric M.	125	Prairie Village, KS
Kulkarni, Nandini S.	190	St. Louis
Kumar, Varun	222	St. Louis
Kumari, Vijaya	190	St. Louis
Kunst, Edward J.	190	Manchester
Kunz, Stephen R.	125	Overland Park, KS
Kurtz, Karl J.	125	Kansas City
Kurzweil, Steven L.	106	Festus
Kussman, Mary E.	002	St. Louis
Kuvshinoff, Boris W.	026	Columbia
Kyger, John E.	125	Independence

L

Laatsch, Robert H.	034	Poplar Bluff
Labayen, Ricardo A.	125	Overland Park, KS
Labenz, Bradley E.	218	Columbia
Lacey, Hugh L.	102	Joplin
LaeKamp, Robert J.	030	St. Joseph
Ladd, Charles B.	190	St. Louis
Ladha, Alim	222	St. Louis
Laiben, Gregg R.	125	Kansas City
Laird, John M.	190	St. Louis
Lakkireddy, Dhanunjaya	126	Kansas City, KS
Lally, James J.	125	Kansas City
Lam, Janet C.	218	Columbia
Lam, Jonathan	222	St. Louis
Lam, Robert P.	220	Kansas City
Lamb, Jerome P.	125	Independence
Lamb, Michael W.	222	St. Louis
***Lambird, Elizabeth A.**	126	Blue Springs
***Lambrecht, Chase T.**	126	Kansas City
Lamfers, Randall B.	218	Columbia
Lammoglia, Francisco J.	030	St. Joseph
Lampert, Benjamin A.	082	Springfield
Lamping, J. Daniels	190	Chesterfield
Lampros, William P.	190	St. Louis
Lampton, Lawrence M.	026	Columbia
Landau, David W.	190	St. Louis

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Landau, William M.	190	St. Louis
Landers, Burnell	125	Independence
***Landers, Gary A.**	050	N. Kansas City
Landgraf, James R.	125	Independence
Landhuis, Leo R.	026	Rochester, NY
Landis, George K.	125	Raymore
Landrum, Alice L.	026	Columbia
Landsbaum, Charles J.	058	Jefferson City
Landwehr, Lawrence P.	110	Warrensburg
Lane, Andrew	222	St. Louis
Lane, Daniel K.	190	St. Louis
Lane, David R.	218	Columbia
Lane, Joseph	220	Kansas City, KS
Lane, Sharolyn D.	224	Kansas City
Lane, Whitney	218	Columbia
Lange, David R.	190	Bridgeton
Langhammer, Carie	218	Columbia
Langley, Harriet S.	125	Kansas City
Langsdorf, Jennifer A.	222	St. Louis
Lankford, Harold D.	014	Mexico
Lapi, Angelo	125	Coconut Creek, FL
Larkin, Brandon D.	218	Columbia
Larsen, David S.	216	St. Louis
Larsen, William E.	125	Shawnee Mission, KS
Larson, Michelle	222	Elliston, MT
Laster, Jerry L.	102	Joplin
Laster, Steven B.	125	Kansas City
Latham, Raymond W.	125	Mission Hills, KS
Latif, Azhar	118	Lexington
Latimer, Walter N.	050	Kansas City
Lattinville, Henry E.	190	Bridgeton
Lau, Cynthia K.	220	Kansas City, KS
Lauber, Joseph J.	190	St. Louis
Lauer, John D.	190	St. Louis
Laughlin, Thomas P.	125	Kansas City
Launius, Gregory D.	190	St. Louis
Laux, France A.	190	Tucson, AZ
Lavery, Daniel P.	058	Westphalia
Lawhorn, Stephanie L.	125	Shawnee Mission, KS
Lawrence, Willie E., Jr.	002	Kansas City
Lawson, Amy L.	222	Overland
Lawson, Noel W.	026	Columbia
LaBach, James P.	125	Overland Park, KS
LaDriere, Raymond J.	190	St. Louis
LaFerriere, Keith A.	082	Springfield
LaFoe, William K.	042	Cape Girardeau
LaFountain, Elisa J.	224	Tumwater, WA
LaFrancis, Irving E.	102	Joplin
LaHue, William C.	118	Lexington
LaMonda, Gary W.	026	Columbia
Le, Hoa	220	Kansas City, KS
Le, Nam	222	St. Louis
Leach, Meredith A.	220	Mission, KS
Leary, Daniel J., Jr.	190	St. Louis
Leary, Scott	222	San Gabriel, CA
Leavitt, Benjamin G.	218	Columbia
Lecha, Rachel	222	St. Louis
Lederer, Charles M., Jr.	125	Kansas City
Lederer, Charles M., Sr.	110	Warrensburg
Lee, Darin J.	218	Columbia
Lee, David Y. S.	042	Cape Girardeau
Lee, Eunice	222	St. Louis
Lee, Fransiska A.	190	St. Louis
Lee, Gerald B.	214	Kansas City
Lee, H. T.	026	Columbia
Lee, Henry A.	125	Snowmass Vlg., CO
Lee, Hsiao Yu	222	St. Louis
Lee, Joan	222	St. Louis
Lee, Jung H.	106	Crystal City
Lee, Kevin D.	222	St. Louis
Lee, King Y.	125	Shawnee Mission, KS
Lee, Lawrence E.	125	Kansas City
Lee, Leander K.	190	St. Louis
Lee, Paul A.	216	St. Louis
Lee, Steven F.	002	St. Louis
Lee, Susan L.	125	Kansas City
Lee, Tae H.	125	Longmont, CO
Lee, Thomas K.	190	St. Louis
Lee, Wilfred	042	Cape Girardeau
Leeper, Sidlee W.	026	Rocheport
Legler, Larry E.	125	Independence
Lehman, John J., Jr.	195	Belleville, IL
Lehman, Kathy	216	St. Louis
Lehman, Richard C.	190	St. Louis
Lehnert, Darren L.	082	Springfield
Leibsohn, Joel M.	125	Independence
Leidenfrost, Ronald D.	190	Chesterfield
Leitch, Steven M.	082	Springfield
Lemberger, Michelle R.	125	Independence
Leming, Bert H., Jr.	190	St. Louis
Lenobel, Milton I.	190	Longboat Key, FL
Lents, Rickey L.	042	Cape Girardeau
Lentz, Harold C., Jr.	125	Independence
Lentz, Kathy J.	207	Washington
Lenzenhuber, Karl J.	207	Washington
Leonhardt, Erwin M.	190	St. Louis
Lepinski, Sandra L.	125	Kansas City
Lerner, Bruce	125	Independence
Leroux, Gene H.	034	Doniphan
Lerwick, Everett R.	190	St. Louis
Leslie, James T.	058	Jefferson City
Lessmann, Gary P.	190	Bridgeton
Letizia, Wayne L.	125	Independence
Levenson, Ernest	034	Poplar Bluff
Levenson, Ina	034	Poplar Bluff
Levine, Laurence A.	190	St. Charles
Levine, Richard S.	190	St. Louis
Levitt, Joseph	190	St. Louis
Levitt, Robert G.	190	St. Louis
Levy, Donald S.	189	St. Charles
Levy, Edward S.	002	St. Louis
Levy, Jerome F.	190	St. Louis
Levy, Joseph	190	St. Peters
Lewandowski, Molly J.	125	Leawood, KS
Lewin, W. Howard	190	St. Louis
Lewing, David C.	125	Independence
Lewis, J. Eugene, Jr.	190	St. Louis
Lewis, Matthew T.	058	Jefferson City
Lewis, Noel R.	082	Springfield
Lewis, Revis C.	125	Kansas City
Lewis, Robert D.	190	St. Louis
Lewis-Lehr, Melanie M.	218	Columbia
LeBlanc, Leo J.	190	St. Louis
LeFevre, Philip J.	207	Washington
Libel, Roy D.	082	Springfield
Lichtor, Jos M.	125	Mission Hills, KS
Lichty, Charles A.	150	Shelbina
Lieberman, Scott A.	002	Bridgeton
Lien, Cindy	222	St. Louis
Liepins, Richard E.	224	Kansas City
Lierz, Mark F.	030	St. Joseph
Lieurance, Robert K.	102	Joplin

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*Doctor of Osteopathy

Lifits, Yulia M.	218	Columbia
***Light, Diane L.**	058	Jefferson City
Lila, Aram	050	Excelsior Spgs.
***Lillig, James F.**	050	Kansas City
Lilly, Douglas R.	190	St. Louis
***Lilly, John D.**	085	Springfield
Lima, Jose A.	190	St. Louis
Limpiphiphatn, Ester P.	174	Perryville
Lin, C. H.	046	Moberly
Lin, Candice C.	222	St. Louis
Lin, Chi-Hsi	082	Springfield
Lin, H. T.	046	Moberly
Lin, Hsiu-San	190	St. Louis
Lin, Lilie	222	St. Louis
Lin, Mary	222	St. Louis
Lin, Tammy	195	Clayton
Linebarger, Jennifer S.	218	Columbia
Link, Alexander J.	190	St. Louis
Linsenmeyer, Charles M.	189	St. Charles
Lintecum, Frederick B.	125	Kansas City
Linville, Howard E.	125	Leawood, KS
Liou, Aimee	222	St. Louis
Lipschitz, Ervin	190	St. Louis
Lipschitz, Eve L.	190	St. Louis
Lischwe, Daniel H.	190	Bridgeton
Liston, Michael J.	050	N. Kansas City
Littlejohn, Robert T.	125	N. Kansas City
Littleton, Stephen W.	216	St. Louis
Litton, Lyle D.	082	Springfield
Litton, Nancy J.	125	Blue Springs
Liu, Bernadette	222	San Jose, CA
Livingston, Sean	218	Columbia
Llorens, Alfred S.	026	Clemmons, NC
Lo, Mindy	222	St. Louis
Lobati, Frederick	125	Shawnee, KS
Lockard, Orlyn O.	030	St. Joseph
Lockwood, Gary F.	125	Kansas City
Loeb, Richard H.	082	Springfield
Loeb, Virgil, Jr.	190	St. Louis
Lofgren, Sam	222	St. Louis
Loftus, Loretta S.	125	Kansas City
Logan, William S.	125	Kansas City
Logie, Macdonald B.	190	St. Louis
***Logston, David G.**	082	Springfield
Logue, John T.	026	Columbia
Logue, William J.	042	Cape Girardeau
Lohmar, Roland E.	026	Columbia
Lohrentz, Lois H.	125	Overland Park, KS
Loitman, Bernard S.	190	St. Louis
Lomax, John E.	208	Branson
Lombardo, Joseph A.	190	St. Louis
Lombardo, Richard J.	125	Belton
Londe, Alan M.	190	St. Louis
Londe, Sol	190	Northridge, CA
London, Stanley L.	190	St. Louis
Lonergan, James H.	125	Kansas City
Lonergan, Warren M.	190	Scottsdale, AZ
Long, Curtis W.	214	Butler
Long, Edwin T.	125	Kansas City
Long, Erin M.	222	St. Louis
Long, Priscilla E.	150	Hannibal
Long, R. Stacy	125	Lake Lotawana
Long, Stephen E.	082	Springfield
Long, Timothy P.	207	Marthasville
Long, W. Steven	030	St. Joseph
Lonsway, Maurice J., Jr.	190	St. Louis
Looney, Steven C.	030	St. Joseph
Lopez, Melvin M.	126	Overland Park, KS
Lopez-Plata, Roberto	125	Leawood, KS
Lord, Richard E.	190	St. Louis
Loren, Michael L.	125	Independence
Lorenc, Ernest	082	Springfield
Lorenzo, Edilberto B.	125	Poplar Bluff
Lottes, J. Otto	190	Lawrence, KS
Loughead, John R.	034	Poplar Bluff
Loutzenhiser, James K.	125	Kansas City
***Lovern, Royce E.**	207	Washington
Lovinger, Warren C., Jr.	214	Nevada
Lovinggood, Thomas A.	042	Cape Girardeau
Lovitch, Scott	222	St. Louis
Low, Siuping	222	St. Louis
Lowe, H. Arch, Jr.	082	Springfield
Lowell, Jeffrey A.	190	St. Louis
Lowenhaupt, Elizabeth	218	Columbia
Lowry, Jennifer A.	126	Platte City
Loynd, Robert C.	002	St. Louis
Luallin, Scott R.	125	Kansas City
Luber, Kurre T.	218	Columbia
Lubniewski, Anthony J.	190	St. Louis
Luckenbill, Paul T.	054	Plattsburg
Ludwig, Mark A.	190	St. Louis
Luechtefeld, Frank	190	Florissant
Lueckenhoff, Rebecca R.	058	Jefferson City
Lueker, Stacey	218	Columbia
Luerding, Jeffrey A.	050	Kansas City
Luetje, Charles M.	125	Kansas City
Luetkemeyer, Dennis	027	Columbia
Luetkemeyer, James G.	058	Jefferson City
Luh, Andrew M.	190	St. Louis
Lukavsky, James P.	208	Branson
Lumphear, Stevany G.	218	Columbia
***Lumsden, Todd J.**	042	Cape Girardeau
Lund, Herluf G., Jr.	190	St. Louis
Lund, Herluf G., Sr.	190	St. Louis
Lundman, Hugh	082	Springfield
Lurie, H. H.	082	Springfield
***Lustig, Richard W.**	126	Olathe, KS
Luther, George A.	190	St. Louis
Luther, Priya O.	218	Columbia
Lux, Gregory K.	082	Springfield
Luzania, Randy C.	125	Overland Park, KS
Luzecky, Michael H.	082	Springfield
Lyle, Robt R.	120	Versailles
Lyman, Edward H.	190	St. Louis
Lyn-Kew, Kenneth E.	216	Hackensack, NJ
Lynch, Thomas W.	082	Springfield
Lynchard, G. Shawn	218	Columbia
Lyon, David B.	125	Kansas City
Lyons, Daniel F.	082	Springfield
Lyskowski, John C.	058	Jefferson City
Lyss, Carl A.	190	St. Louis
Lytle, Edwin L.	190	St. Louis
Lytle, Michael F.	125	Shawnee Mission, KS

M

Maas, James	222	St. Louis
Maben, Pamela S.	125	Independence
Maben, Sam E.	125	Kansas City
Maccotta, Luigi	222	St. Louis
Macdonnell, Thomas M.	210	Marshfield
Mace, J. Charles	082	Springfield
Mack, Marvin L.	026	Columbia
Mackey, Kevin E.	216	Ballwin

*Doctor of Osteopathy

Macleod, Angus	190	St. Louis
MacDonald, Robert R., III	189	St. Peters
MacDonald, Robert R., Jr.	190	St. Louis
MacGorman, Linda R.	082	Springfield
MacKenzie, Douglas L.	125	Blue Springs
MacLaughlin, James C.	102	Hot Springs, AR
MacNaughton, Ralph E.	125	Shawnee Mission, KS
MacNaughton, Robert	125	Louisburg, KS
MacNaughton, Robert, II	050	Liberty
Maddipati, Sreedevi	190	St. Louis
Madduri, Aruna D.	034	Poplar Bluff
Madduri, Sivaprasad D.	034	Poplar Bluff
Madrid, Dominador O.	190	St. Louis
***Madsen, Dana M.**	058	Jefferson City
Madsen, Parley W.	190	St. Louis
Maender, Christopher W.	216	St. Louis
Magaletta, George E.	002	St. Louis
Magalski, Anthony	125	Kansas City
Magas, Louis	216	St. Louis
Magaw, David C.	066	Everton
Magee, Robert L.	214	Eldorado Spgs.
Magee, W. Edwin	190	Imperial
Magruder, Lyell M.	214	Nevada
Mahaffey, Brian L.	082	Springfield
Mahboubi, Aziz O.	202	Scottsdale, AZ
Main, Michael L.	125	Kansas City
Mais, Thomas E.	125	Shawnee Mission, KS
Maitz, Carlos A.	190	St. Ann
Major, Troy E.	082	Springfield
Majors, Patrick F.	190	St. Louis
Majzoub, Hish S.	102	Joplin
Makos, Mignon M.	030	St. Joseph
Malhotra, Raman K.	220	Kansas City, KS
Mallot, Corrie A.	126	Kansas City
Mallouk, Alexander G.	125	Kansas City
Malmberg, Virgil L.	190	Chesterfield
Mangum, William B.	125	Independence
Mani, Mary E.	190	St. Louis
Manire, John E.	102	Joplin
Mann, James K.	150	Hannibal
Manske, Paul R.	190	St. Louis
Mantell, Jack M.	082	Springfield
Maple, Francis M.	082	Springfield
Marbarger, John P., Jr.	190	St. Louis
Marchiando, Albert W.	207	Washington
Marchosky, J. Alex	190	Chesterfield
Marcus, Michael D.	190	St. Louis
Margenthaler, Julie	195	St. Louis
Margolis, David M.	190	St. Louis
Mariano, Jennifer	218	Columbia
Marietta, William G.	042	Cape Girardeau
Marks, James	190	St. Louis
Markway, Gregory A.	125	Independence
Marr, Garrett L.	125	Kansas City
Marrs, David B.	189	St. Charles
Marsh, Jeffrey L.	190	St. Louis
Marshall, Benjamin M.	218	Columbia
Marshall, Hal E.	125	Overland Park, KS
Marshall, James D.	002	Parkville
Marshall, Jay P., II	190	Chesterfield
Marshall, Michael P.	002	Kansas City
Marshall, Shirley A.	216	St. Louis
Marshall, Teresa P.	126	Kansas City, KS
Marshall, William G.	026	Glasgow
Marshall, William H.	058	Jefferson City
Martens, Matthew L.	224	Dyer, IN
Marti, Larry B.	135	Rolla
Martin, Andrea R.	218	Columbia
Martin, Angelia D.	158	Grant City
Martin, Chris J.	026	Columbia
Martin, Clarence A.	102	Joplin
Martin, Daniel J., Sr.	190	St. Louis
Martin, David S.	190	Chesterfield
Martin, Douglas M.	224	Kansas City
Martin, Jeffrey W.	190	St. Louis
***Martin, Kevin J.**	014	Vandalia
Martin, Mark W.	125	Lee's Summit
Martin, Richard A.	042	Cape Girardeau
Martin, Robert A.	206	West Plains
Martin, Sam	218	Columbia
Martin, Scott A.	190	St. Louis
Martin, Stanley B.	189	St. Charles
Martinez, Christopher	222	St. Louis
Martini, John A.	222	St. Louis
Marty, David R.	058	Jefferson City
Martz, John C.	190	St. Louis
Maslan, Mark J.	125	Overland Park, KS
Mason, John E.	195	Clayton
Mason, Mary V.	190	Clayton
Mason, Mary Jane	135	Steelville
Mass, Joan H.	190	St. Louis
Massey, Vickie	125	Kansas City
Massmann, Stacey	220	Mission, KS
Masters, Edwin J.	042	Cape Girardeau
Masters, William H.	190	Tucson, AZ
Mathews, Jeffrey E.	190	St. Louis
Matile, Gerald U.	125	Kansas City
Matlock, Eric V.	224	Kansas City
Matlock, Mark S.	102	Joplin
Matovich, Violet B.	125	Kansas City
Matson, Jeffrey A.	125	Kansas City
Matta, Camille S.	125	Kansas City
Mattax, James B., Jr.	082	Springfield
Matthews, J. Mark	125	Kansas City
Matthews, John G.	190	Shawnee Mission, KS
Matthews, John I.	058	Jefferson City
Matthews, Thomas D.	207	Washington
Mattson, Daniel	218	Columbia
Maughs, Sydney B.	190	St. Louis
Maupin, Kathy C.	190	Florissant
Mawiaci, Michael J.	216	St. Louis
Maxson, Katherine A.	190	Chesterfield
May, Kathryn E.	222	St. Louis
Mayer, Robert A.	190	Pocono Pines, PA
Mayes, Ben R.	190	St. Louis
Maylack, Fallon H.	190	Florissant
Maynard, Colleen M.	125	Kansas City
Mayuga, Edgardo G.	190	St. Louis
Mayus, Joseph L.	082	Springfield
Mazurek, Julie M.	125	N. Kansas City
McAfee, Gordon	082	Springfield
McAfee, Nancy R.	126	Kansas City
McBane, Amanda C.	218	Pacific
McBride, D. Scott Jr.	218	Columbia
McBride, Marsha M.	190	St. Louis
McBride, Mary E.	218	Columbia
McCadden, Michael E.	190	St. Louis
McCalla, John P.	050	Kansas City
McCallister, Ben D.	125	Kansas City
McCanse, Andrew	125	Belton
McCarthy, Christopher E.	190	St. Louis
McCarthy, Holly M.	216	St. Louis

McClain, Thomas D. Springfield	082
McClellan, James S. St. Louis	222
McClune, Grant L. Cape Girardeau	042
McConchie, James E. Lee's Summit	125
McCorcle, Marcus D. Springfield	082
McCormack, Robert E. Kansas City	125
McCormack, Thomas J. Independence	125
McCormick, James E. Kansas City	050
McCown, Allan H. St. Louis	190
McCoy, Frederick J. Shawnee Mission, KS	125
McCray, Glen M. Springfield	082
McCray, Stephen A. Gladstone	050
McCroskey, Brian L. Kansas City	125
McCullough, Joseph E. Kansas City	125
***McCullough, R. Wade** Blue Springs	126
McCune, Pauline E. Kansas City	220
McDaid, Dawn M. Columbia	218
McDavid, Robert E. Columbia	026
McDonald, James H. Kansas City	125
McDonald, Michael G. Joplin	102
McDonald, Wallace St. Joseph	030
McDonnell, John F. Fairway, KS	125
McDonough, Patrick B. Columbia	218
McDowell, James W. Macon	046
McDowell, Juri O. Columbia	218
McElroy, George L., III Jefferson City	058
McElroy, Glenn L. Columbia	026
McEwen, Gary W. Lee's Summit	125
McFadden, Gene A. Waverly	118
McFarland, Rodney J. Neosho	166
McGahee, C. Leon St. Louis	190
McGeeney, Erin M. Columbia	218
McGhie, Patricia A. Kansas City	125
McGinty, Charles P. Cape Girardeau	042
McGinty, Frank H. Cape Girardeau	042
McGonigle, James P. Longboat Key, FL	102
McGonigle, Michael M. Joplin	102
McGovney, Janice K. Kansas City	050
McGranahan, Rita Kenosha, WI	216
McGraw, James P. Liberty	125
McGregor, Patrick E. N. Kansas City	050
McGregor, Tracy L. St. Louis	222
McGuire, Patricia A. St. Louis	190
McIlwaine, James W. Columbia	218
McIntosh, Donald E. Lee's Summit	125
McIntosh, Douglas A. Cape Girardeau	042
McIntosh, James S. Columbia	218
McKeel, Thomas B. Kansas City	125
McKeown, Simon Columbia	218
McKinley, Lois J. Kansas City	125
McKinsey, David S. Kansas City	125
McKnight, Scott J. Liberty	050
McLaren, David L. Columbia	026
McLaughlin, Richard D. Springfield	082
McLemore, Willie O. Kansas City	125
McMahon, Robert St. Louis	190
McManus, Gerald N. Kansas City	050
McMillan, David L. Neosho	166
McMillen, James J. St. Joseph	030
McMorrow, Nora K. St. Louis	190
McMullin, Forbes A. St. Louis	190
McMurry, Ted A. Springfield	082
***McNabb, M. Jeffery** Cape Girardeau	042
McNail, Samantha R. Columbia	218
McNally, Megan E. Mulberry, KS	220
McNamara, Gerald R. Kansas City	125
McNay, Jennifer A. Strafford	082
McNeal, Douglas M. Springfield	082
McNeil, Nathan J. Columbia	218
McNitt, Jay D. Kansas City	125
McPhee, Mark S. Kansas City	125
McQueary, Frederick G. Springfield	082
Meadows, C. Douglas St. Louis	190
Meagher, Leah K. St. Louis	216
Meeker, Robert Washington	207
Medler, John F. St. Albans	190
Medler, P. Louis St. Louis	190
Medler, Robert G. St. Louis	190
Medlicott, William J. Port Townsend, WA	125
Medling, Bradley D. Columbia	218
Meece, David R. Cape Girardeau	042
Mehaffy, Orville A. Joplin	102
Mehlhorn, Gary L. Springfield	082
Mehr, David R. Columbia	026
Mehra, Ravi St. Louis	190
Meidl, Erik J. Hannibal	150
Meidl, Susan M. Hannibal	150
Meier, Francis X. Jefferson City	058
Meier, Mitchell S. Joplin	102
Meiners, Theodore M. St. Louis	190
***Melchior, David E.** Perryville	174
Meldi, Dominic M. Springfield	082
Mell, Roger L. Chesterfield	190
***Mellies, Steven D.** Cape Girardeau	042
Meltz, Gary J. St. Charles	189
Memken, John A. Hannibal	150
Memmolo, Ciriaco A. St. Louis	190
Mendelsohn, George E. Chesterfield	190
Mendez-Castillo, Alejandro Columbia	027
Mendonsa, Lawrence E. Chesterfield	190
Menitove, Jay E. Kansas City	125
Menne, Marvin C. Ironton	138
Mentgen, Carl N. Springfield	082
Merenda, James T. St. Louis	190
Merrill, Daniel K. St. Louis	216
Merritt, Burch A. St. Louis	190
Merritt, Gregory A. Kansas City	125
Mesa, Luis J. Kansas City	126
Mesher, Staci St. Louis	222
Messmore-Arn, V. Paula Kansas City	125
Mestad, Peter H. Kansas City	125
Mestres, Hugh M. Valley Park	190
Meurer, Michael F. Springfield	082
Meyer, Jay L. St. Louis	190
Meyer, Jerry L. Concordia	118
Meyer, John S. Chesterfield	190
Meyer, John W. Springfield	082
Meyer, Paul W. Shawnee Mission, KS	125
Meyer, Randall E. Jefferson City	058
Meyer, Robert C. St. Louis	190
Meyers, Elsie F. St. Louis	190
Meyers, Jerry R. St. Peters	189
Meyers, John B. Clayton	190
Meyers, Laura L. St. Louis	190
Meyers, Robert W. St. Louis	190
Meystrik, Rosellen S. Springfield	082
Michael, Vernon E. St. Louis	190
Michaels, Robert H. Springfield	082
Michelson, Richard B. Kansas City	125
Middleton, Jerry N. Chesterfield	190
Middleton, Mary Jo St. Joseph	030
Miedema, Brent W. Columbia	026

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*Doctor of Osteopathy

Mierisch, Raymond F.	218	Columbia
Mihalevich, John A., Jr.	082	Springfield
Miki, Roberto	222	St. Louis
Milburn, James M.	002	Chesterfield
Milder, Barry D.	190	St. Louis
Miles, Judith H.	026	Columbia
Miles, Wayne B.	082	Springfield
Milgram, Byron A.	125	Prairie Village, KS
Mill, William B., Jr.	190	St. Louis
Miller, Amanda D.	224	Kansas City
Miller, Charles W.	190	St. Louis
Miller, Dace L.	082	Springfield
Miller, Donald	058	Jefferson City
Miller, Gerald L., Jr.	125	Kansas City
Miller, Harry G.	086	Clinton
*Miller, James L.	214	Butler
Miller, Jessica	222	St. Louis
Miller, John T.	050	N. Kansas City
Miller, Joseph P.	042	Cape Girardeau
Miller, Jule P.	190	St. Louis
Miller, Michael R.	125	Roeland Park, KS
Miller, Michelle M.	216	Webster Groves
Miller, Noelle E.	216	St. Louis
Miller, Rea S.	220	Kansas City
Miller, Robert N.	190	St. Louis
Miller, Ryan T.	218	Columbia
Miller, Thomas A.	002	St. Louis
Miller, William D.	030	St. Joseph
Miller, Wilson H.	125	Overland Park, KS
Millett, Ruth E.	125	Kansas City
Millspaugh, Daniel L.	125	Kansas City
Milne, Jay L.	082	Springfield
Minder, Angela R.	216	St. Louis
Miner, Edward	222	St. Louis
Minnigerode, Lana K.	125	Kansas City
Minnigerode, Turner L.	125	Kansas City
Mir, A. Rauf	125	Kansas City
Mirbaha, Mitchell M.	190	St. Louis
Mire, Louis E.	208	Branson
Mirkin, Rhoderic P.	002	St. Louis
Mischnick, Carol R.	190	Chesterfield
Miskovsky, Emil F.	190	St. Louis
Mistry, Tehmton S.	190	Columbia, IL
Mitchell, Andrew D.	125	Prairie Village, KS
Mitchell, Franklin L.	026	Columbia
Mitchell, Jason	027	St. Peters
Mitchell, John D.	125	Kansas City
Mitchell, Lynn D.	026	Columbia
Mitchell, Scott	222	St. Louis
Mittelstadt, Margaret	218	Columbia
Mittman, Dean L.	082	Springfield
Miyashita, Yosuke	222	St. Louis
Moats, Scott L.	126	Kansas City
Mobley, Gilbert L.	082	Springfield
Mockli, Gary C.	190	St. Louis
Moeller, F. Delbert	189	Lake St. Louis
Moffe, Thomas C.	082	Springfield
Mogensen, Monique	222	St. Louis
Mogilishetty, Gautham	126	Kansas City, KS
Mohs, Frank R.	190	St. Louis
Mohsen, Aly M.	058	Jefferson City
Mohyuddin, Nadia G.	220	Kansas City
Molberg, Peter J.	082	Springfield
Molden, C. Scott	190	St. Louis
Molden, Charles A.	190	St. Louis
Molitor, Christopher E.	218	Columbia
Mollman, H. Dennis	190	Chesterfield
Monaco, Michael	125	Lee's Summit
Monaghan, Greg G.	026	Columbia
Monteleone, Patricia L.	190	St. Louis
Montello, Samuel A.	125	Shawnee Mission, KS
Monterubio, Fred R., Jr.	190	St. Louis
Montes, Arturo C.	190	St. Louis
Montgomery, Austin F.	190	St. Louis
Montgomery, Michael A.	050	N. Kansas City
Montie, Joseph E.	026	Columbia
Moolsintong, Picha	218	Columbia
Mooney-Smith, Patricia	125	Kansas City
Moore, Brian D.	126	Kansas City
Moore, Candice A.	214	Nevada
Moore, Christine M.	126	Smithville
Moore, John M.	002	Kansas City
Moore, Michael R.	206	West Plains
Moore, Michael T.	214	Nevada
Moore, Paul D., Jr.	126	Independence
Moore, Richard E.	042	Cape Girardeau
Moore, Thomas B.	102	Joplin
Moran, Thomas M.	190	St. Louis
Morantz, Robert A.	125	Belton
Moranville, Benedict, II	030	Shawnee, KS
Morehead, William E.	070	Malden
Morehouse, Paul D.	110	Warrensburg
Morello, Patrick J.	058	Jefferson City
Moretina, Jennifer L.	126	Lenexa, KS
Moreton, David W.	026	Columbia
Morey, Kirk P.	190	St. Louis
Morgan, David B.	125	Kansas City
Morgan, Dix R.	042	Cape Girardeau
Morgan, Edward B.	190	St. Louis
Morgan, Harry C.	190	Waynesville
Morgan, Stephan S.	190	St. Louis
Morgan, Vincent I.	026	Columbia
Morgan, W. Tom, Jr.	026	Columbia
Morgan, Willy J. C.	190	E. St. Louis, IL
Moriconi, William J.	190	St. Louis
Moritz, Gerald	190	Bridgeton
Moritz, K. Lynne	190	St. Louis
Morley, Mary A.	190	Chesterfield
Morlin, Gregory L.	218	Columbia
Morris, Carolyn M.	195	St. Louis
Morris, R. William	190	St. Louis
Morris, Terry V.	125	Independence
Morrison, R. Gideon	206	West Plains
Morrison, Richard A.	125	Independence
Morrison, Tom V.	208	Branson
Morrow, N. Eugene	082	Springfield
Morton, Wayne L.	214	Osceola
Mosby, Larry D.	026	Columbia
Moseley, F. Thomas	082	Springfield
Mosher, Amy A.	190	St. Louis
Moss, Debra L.	190	Chesterfield
Motchan, Dennis G.	190	Bridgeton
Motier, Thomas H.	190	St. Louis
Motzkin, Sharon	222	St. Louis
Mruk, Jozef S.	030	St. Joseph
Muchnick, Richard L.	190	St. Louis
Muckerman, Richard C., II	190	St. Louis
Muckerman, Richard I.C.	190	St. Louis
Muegge, F. David	082	Springfield
Muehlenbein, Joan	216	Rochester, MN
Mueller, Adolph R.	102	Joplin
Mueller, Charles R.	206	Houston

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Mueller, Janet G.	190	St. Louis
Mueller, Joseph A.	190	St. Louis
Mueller, Kristin	216	St. Louis
Mueller, Martin J.	125	Kansas City
Mueller, Randall E.	026	Columbia
Muhm, H. Yale	189	St. Charles
Mujica, Patricio H.	030	St. Joseph
Mukharji, Jhulan	125	Prairie Village, KS
Mullarky, Wilbur A.	190	Oviedo, FL
Mullen, Jack	138	Bonne Terre
Mullen, Mary E.	014	Mexico
Mullican, Charles N.	030	St. Joseph
Mullins, Bernard L.	050	Gladstone
Mullins, Eric S.	218	Columbia
Mullins, J. Randolph	082	Springfield
Mullins, John E.	190	St. Louis
Muncy, Gary A.	190	Chesterfield
Mundis, Gregory M.	218	Columbia
Mundy, William L.	125	Merriam, KS
Munger, Michael L.	125	Kansas City
Munoz, Phillip A.	125	Kansas City
Munro, John S.	125	Kansas City
Muraywid, Ahmad H.	014	Mexico
Murdock, Nathaniel	190	St. Louis
Murphy, J. Peter, Jr.	190	St. Louis
Murphy, James A.	030	St. Joseph
Murphy, John P.	125	Overland Park, KS
Murphy, Michael C.	190	St. Louis
Murphy, Timothy P.	030	St. Joseph
Murrell, H. Jerry	026	Columbia
Muscato, Joseph J.	026	Columbia
Muscato, Mary S.	026	Columbia
Musleh, Wael	216	Marina Del Rey, CA
Mutchnick, Norman	125	Kansas City
Myers, Carl M.	125	Platte City
Myers, Duane E.	102	Joplin
Myers, Gary H.	190	Chesterfield
Myers, George H.	125	Kansas City
***Myers, Janet K.**	150	Hannibal
Myers, John S.	125	Kansas City
Myers, Timothy P.	218	Columbia

N

Nachtigal, Michael P.	082	Springfield
Nadolski, Gary S.	030	St. Joseph
Nagy, Al L.	034	Doniphan
Nagy, Rickey E.	125	Kansas City
Namazie, Sheyda	222	St. Louis
Nangia, Julie R.	220	Kansas City, KS
Narayan, Dilip L.	190	Chesterfield
Narkiewicz, Lawrence S.	002	St. Louis
Narula, Amit	224	Kansas City
Nash, Helen E.	190	St. Louis
Nash, Homer E., Jr.	190	St. Louis
Nathan, Lester J.	190	Fenton
Nau, Jeffrey C.	218	Columbia
Ndum, Philip N.	126	Kansas City
Neal, Christopher J.	218	Columbia
Near, David M.	190	Florissant
Neblett, Lewis M.	082	Rogersville
Neely, J. Gail	190	St. Louis
Neighbor, Ernest H.	125	Kansas City
Neihart, Robert E.	125	Kansas City
Nelson, Bentley A.	125	Leawood, KS
Nelson, Christina D.	218	Columbia
Nelson, Donald	082	Springfield
Nelson, J. Roger	190	St. Louis
Nelson, Michael J.	125	Lee's Summit
Nelson, Richard E.	125	Kansas City
Nelson, Steven C.	126	Kansas City
***Nemer, Robert J.**	058	Jefferson City
Nemeth, Heidi M.	224	Lake Lotawana
Nepute, James A.	190	St. Louis
Nesselrode, John H.	125	Independence
Nestleroad, Christopher A.	218	Columbia
Nestor, Kimberly A.	224	Marlton, NJ
Neu, Kenneth W.	082	Springfield
Neu, Leo T., III	082	Springfield
***Neuenswander, Keith W.**	050	Independence
Neuman, Neal	190	St. Louis
Nevett, Robert E.	207	Washington
Newland, Craig C.	050	Liberty
Newman, Joseph A.	102	Joplin
Newman, Mary J.	166	Cassville
Newman, William R.	102	Joplin
Newman-Koehn, Mica K.	198	Marshall
Newmann, Tyson V.	218	Columbia
Newport, Gerald	190	Florissant
Ngo, Chan K.	216	St. Louis
Nguyen, Helen T.	030	St. Joseph
Nicholas, Stephen P.	190	St. Louis
Nichols, Dave P.	218	Columbia
***Nichols, Lawrence E.**	150	Hannibal
Nichols, Margaret E.	102	Joplin
Nichols, Steven H.	190	Evansville, IN
Nichols, W. Kirt	026	Columbia
Nickell, Margaret B.	125	Kansas City
Nicolai, Charles H.	190	St. Louis
Niebuhr, Joel W.	224	Kansas City
Niedermeyer, George J.	190	St. Louis
Nielsen, Carl H.	190	St. Louis
Niemeyer, John H.	190	St. Louis
Niesen, Anna R.	190	St. Louis
Niesen, Frank J.	190	St. Louis
Niesen, Thomas E.	190	Chesterfield
Nieuwenhuizen, Maarten	026	Columbia
Nigh, Stephen S.	125	Kansas City
Nigro, Thomas L.	125	Kansas City
Nile, David A.	190	St. Louis
Nishimoto, Sheri Y.	216	St. Louis
Nissing, Matthew	222	St. Louis
Nix, J. Gustavo	066	Bolivar
Noback, Richardson K.	125	Las Vegas, NV
Noe, Joshua D.	216	St. Louis
Nogalski, Michael P.	190	St. Louis
Nolph, Georgia J.	026	Columbia
Nordhues, Craig A.	082	Springfield
Norland, Charles C.	190	St. Louis
Norman, Annika M.	218	Jefferson City
Normile, Christopher	189	St. Charles
North, Carol S.	190	St. Louis
Nosovitch, Mace A.	218	Columbia
Nottmeier, Eric W.	027	Columbia
Nouri, Hassan	190	St. Louis
Novack, Mark A.	190	Chesterfield
Nowotny, Thomas J.	190	St. Louis
Nuetzel, John A.	190	St. Louis
Nunnelee, Keith H.	190	Chesterfield
Nwaobasi, Sam	190	Florissant
Nyazee, Muhammad A.	190	Florissant
Nye, Robert A.	190	Ballwin
Nye, Terry R.	082	Springfield

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O

O’Brien, Edward J., Jr.	190	St. Louis
O’Connell, Ellen S.	216	St. Louis
O’Connell, Timothy	190	St. Louis
O’Connor, Mary C.	125	Kansas City
O’Connor, Robert J.	190	Florissant
O’Donnell, Francis E.	190	St. Louis
O’Donnell, Gregory P.	125	Leawood, KS
O’Donnell, Heather	222	St. Louis
O’Donnell, Susan M.	174	Ste. Genevieve
O’Hara, Patrick W.	138	Farmington
O’Hearne, John J.	125	Kansas City
O’Keefe, James H., Jr.	125	Kansas City
O’Malley, James F.	125	Leawood, KS
O’Neal, Lawrence W.	190	St. Louis
O’Neil, Jerome H., Jr.	190	St. Louis
O’Neill, Hugh B.	216	St. Louis
O’Sullivan, Daniel F.	190	St. Louis
O’Toole, Patrick M.	125	Kansas City
Oakley, Margaret M.	190	St. Louis
Oberhelma, Amy	222	St. Louis
Oberkrom, David W.	178	Sedalia
Oberle, Paul A.	190	Ballwin
Oberlin, John M.	218	Columbia
Occeno, Victor G.	166	Cassville
Ochoa, Pedro	190	Valmeyer, IL
Ockner, Samuel A.	190	Chesterfield
Oda, Joanna	222	St. Louis
Oertli, Robert	190	St. Louis
Offner, Jennifer K.	150	Marshall
Ogden, J. Timothy	102	Joplin
Ogden, Justin S.	218	Columbia
Oge, Erica L.	220	Kansas City
Ogle, William R.M.	042	Cape Girardeau
Oh, Jung D.	222	St. Louis
Oh, Sangjin	216	St. Louis
Ohlhausen, Ward W.	050	Liberty
Ojascastro, Alejandro C.	190	St. Louis
Ojascastro, Lou	190	St. Louis
Okafor, Nnaemeka G.	218	Columbia
Oldeg, Paula F.	216	St. Louis
Oleson, Gale B.	125	Blue Springs
Olive, George C.	166	Neosho
Oliver, G. Charles	002	St. Louis
Oliver, George A.	138	Farmington
Oliver, Malcom B.	002	Republic
Olsen, Teresa A.	082	Springfield
Olson, Barry E.	082	Springfield
Olson, E. Rule	082	Rogersville
Olson, Gary S.	042	Cape Girardeau
Olson, John P.	030	St. Joseph
Olson, Kevin W.	002	Kansas City
Olson, Lloyd C.	125	Kansas City
Olson, Robert J.	082	Springfield
Omell, Gary H.	190	St. Louis
Onder, Robert F.	190	St. Louis
Ong, Ofelia S.	190	St. Louis
Onken, Henry D.	190	St. Louis
Oppenheimer, Henry E.	190	St. Louis
Orellana, Felipe A.	126	Kansas City, KS
Orlando, Louis A.	125	Lee’s Summit
Oro, John J.	026	Columbia
Orr, Robert M.	050	N. Kansas City
Orr, Steven M.	125	Parkville
Orsay, Paul K.	190	St. Louis
Orscheln, Karl J.	218	Columbia
Ortiz, Richard	010	N. Kansas City
Ortmeyer, Leroy F.	190	St. Louis
Ost, Mark D.	125	Shawnee Mission, KS
Ostapowicz, Tamara L.	190	St. Louis
Ota, David M.	026	Columbia
Otis, Stephanie A.	190	Chesterfield
Ott, Harold J., II	190	St. Louis
Ott, William J.	190	St. Louis
Otto, Steven M.	082	Springfield
Otto, William J.	082	Springfield
Ouellette, David F.	150	Hannibal
Overend, Don S.	082	Springfield
Overesch, Harry B.	125	Kansas City
Owen, Kathy R.	224	Independence
Owen, Robert F.	190	St. Louis
Owens, Robert H.	125	Shawnee Mission, KS
Owens, William D.	190	St. Louis
Ozar, Milton B.	125	Miami, FL
Ozenberger, Larry A.	054	Plattsburg

P

Pacheco, Jose M.	082	Springfield
Packman, Paul	190	St. Louis
Packman, Robert C.	190	St. Louis
Padilla, Teresita C.	190	Chesterfield
Padula, Richard T.	125	Shawnee Mission, KS
Paek, Sandra	222	St. Louis
Paez, Mauro A.	190	O’Fallon
Page, Jennifer L.	190	St. Louis
***Page, Jordan C.**	126	Kansas City
***Page, Lawrence V.**	102	Joplin
Page, Sam L., Jr.	190	St. Louis
Pagels, George A.	125	Kansas City
Painter, Andrew E.	202	Portageville
Painter, Lattie B.	170	Portageville
Palagiri, Ashok V.	216	St. Louis
Palanca, Ben	222	St. Louis
Palazola, Joseph M.	125	Kansas City
Palcheff, Chris L.	082	Springfield
Palen, James E.	042	Cape Girardeau
Palenske, Robert L.	070	Hornersville
Paletta, Francis X., Sr.	190	St. Louis
Paletta, Frank	190	St. Louis
Palmer, Stephen M.	190	St. Louis
Pancoast, Charles H.	042	Cape Girardeau
Pankau, Billi Sue	220	Kansas City
Pao, Vivian	222	St. Louis
Paone, Douglas B.	125	Kansas City
Papreck, K. T.	198	Marshall
Paradelo, Jorge C.	125	Kansas City
Pardalos, John J.	026	Columbia
Parghi, Sharvari R.	218	Columbia
Parikh, Parag	222	Northville, MI
Parikh, Sharad P.	190	Florissant
Paris, William H.	190	Florissant
Park, Duk J.	106	Festus
Park, Kee B.	042	Cape Girardeau
Park, William L., Jr.	082	Springfield
Parker, Arthur C.	034	Tulsa, OK
Parker, Brent M.	026	Colorado Spgs., CO
Parker, Craig A.	125	Kansas City
Parker, Derrall A.	042	Cape Girardeau
Parker, Kim E.	125	Kansas City
Parkins, George K.	125	Kansas City
Parks, Charles	190	St. Louis
Parks, Joseph J.	026	Jefferson City
Parks, William C.	026	Columbia

Parres, Jeffrey A.	190	Chesterfield
Parrott, Heather N.	218	Columbia
Parsons, Clyde W., III	082	Springfield
***Parsonson, Robert**	148	Brookfield
Partamian, Krikor O.	030	St. Joseph
Partap, Sonia	220	Mission, KS
Partikian, Arthur	222	St. Louis
Partin, Mary Beth	218	Columbia
Parulekar, Dilip G.	038	Fulton
Paruthi, Shalini	220	Kansas City, KS
Parwatikar, Sadashiv D.	190	St. Louis
Paskar, Larry D.	190	Chesterfield
***Pasowicz, Timothy C.**	125	Overland Park, KS
Passanante, Bartholomew	190	St. Louis
Patel, Ashay S.	224	Kansas City
Patel, Ashokkumar B.	190	St. Louis
Patel, Dilip H.	190	St. Louis
Patel, Dinesh J.	218	Blue Springs
Patel, Indu B.	106	Barnhart
Patel, Maitraya	222	St. Louis
Paterson, Jennifer L.	002	Washington
Patil, Avinash	222	St. Louis
Patrick, Roman L.	190	St. Louis
Patterson, Alan D.	224	Kansas City
Patterson, Alec	002	St. Louis
Patterson, Donald C.	026	Columbia
Patterson, Donald R.	102	Joplin
Patterson, J. Megan	222	St. Louis
Patty, Carl F.	034	Poplar Bluff
***Patty, John R.**	034	Poplar Bluff
Paul, Michael J.	190	St. Louis
***Paul, Robert F.**	125	Kansas City
Pavelonis, Joel D.	002	Kansas City
Pavlovich, Andrew S.	125	Independence
Pavlu, Robert R.	118	Waverly
Pawsat, John E.	125	Kansas City
Payne, David E.	026	Columbia
Payne, Meredith J.	190	St. Louis
Pearman, Carl C.	002	Anna Maria, FL
Pearse, Carlton S.	190	Chesterfield
Pearson, Richard L.	174	Ste. Genevieve
Pearson, William E.	190	St. Louis
Peck, William A.	190	St. Louis
Peden, Virginia H.	190	Maryland Hts.
Peelle, Michael	222	St. Louis
Peeples, David M.	190	St. Louis
***Peer, Peter M.**	027	Columbia
Pegis, Bernard T.	216	St. Louis
Pehlman, Joseph E.	070	Malden
Peick, Ann L.	190	St. Louis
Peil, Mistie	220	Blue Springs
Pelczynski, Trisha A.	218	Columbia
Pelican, George	190	St. Louis
Pendarvis, Eric J.	216	St. Louis
Penilla, Antonio R.	190	St. Louis
Penn, Patrick L.	125	Kansas City
Pennell, Richard C.	190	St. Louis
Pepper, Edward G.	190	St. Louis
Pereira, MaryBeth	190	St. Louis
Perez, Carlos A.	190	St. Louis
Perez, Nelson	070	Kennett
Perez, Robert J.	190	St. Louis
Perinetti, Enrique P.	190	St. Louis
Perkins, David E.	190	Chesterfield
Perll, Maurice F., Jr.	125	Kansas City
Perll, Michael F.	125	Kansas City
Perll, Peter D.	014	Mexico
Perlmutter, John C.	189	St. Charles
Perna, Samuel J., III	224	Merriam, KS
Perna, Vincent P.	189	St. Louis
Pernoud, Flavius G., III	190	St. Louis
Pernoud, Flavius G., Jr.	190	St. Louis
Pernoud, Joan M.	190	St. Louis
Perry, Lindell A.	014	Mexico
Perry, Michael C.	026	Columbia
Perryman, Douglas R.	125	Kansas City
Perryman, J. Chris	125	Kansas City
Perryman, Kathy M.	125	Kansas City
Perschbacher, Jim M.	216	Chesterfield
Person, Erica A.	216	St. Louis
Petelin, Joseph B.	125	Shawnee Mission, KS
Peters, Walter R.	026	Columbia
Petersen, James H.	002	Chesterfield
Petersen, Larry D.	082	Springfield
Peterson, Carl M.	125	Kansas City
Peterson, Craig A.	082	Springfield
Peterson, Frederick D.	190	St. Louis
Peterson, Jay T.	125	Kansas City
Peterson, John E.	125	Kansas City
Peterson, Monica T.	216	St. Louis
Peterson, Stefanie L.	216	St. Louis
Peterson, Stephen E.	125	Kansas City
Peterson, Walter	125	Kansas City
Peterson, Wylan C.	220	O'Fallon, IL
Petit, Carl A.	120	Osage Beach
Petka, Tanya M.	222	St. Louis
Petkovich, Frank O.	190	St. Louis
Pettett, Gary	125	Parkville
Petty, Norman C.	218	Columbia
Pew, Becky A.	190	St. Louis
***Pewitt, Charles S.**	042	Jackson
***Pfautsch, Mark L.**	042	Cape Girardeau
Pfefer, Leland U.	026	Columbia
Pfefferkorn, David A.	202	Sikeston
Philgreen, Donald E.	125	Kansas City
Phillips, Abraham M.	190	St. Louis
Phillips, Daniel	190	St. Louis
Phillips, Granville J.	110	Warrensburg
Phillips, John J.	190	Florissant
Phillips, Kenneth D.	042	Cape Girardeau
Phillips, Robert L.	027	Columbia
Phillips, Ronald L.	148	Kirksville
Phillips, William J.	190	Chesterfield
Philpott, Gordon W.	190	St. Louis
Philpott, Timothy C.	190	St. Louis
Piccirillo, Jay F.	190	St. Louis
Pickard, Clarence M.	026	Columbia
Picker, Selwyn	190	St. Louis
Pickering, Lee I.	125	Independence
Picus, Joel	002	St. Louis
Piebenga, Larry W.	125	Kansas City
Piening, Kurt A.	189	St. Charles
Pierce, Dan L.	026	Columbia
Pineda, Hector O.	190	St. Louis
Pineda, Juan J.	026	Columbia
Pingelton, William B.	026	Columbia
Pingleton, William W.	050	Shawnee Mission, KS
Pinkham, Chris M.	050	Kansas City
Pinto, Amar A.	126	Kansas City
Piontek, Erin	216	St. Louis
Piontek, James F.	050	Liberty
Piontek, Jerome G.	190	Chesterfield

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*Doctor of Osteopathy

Pitiyanuvath, Tasanaporn	Kansas City	**125**
Pitney, Phillip W.	Louisiana	**150**
Pitsinger, N. Bruce	Chesterfield	**190**
***Pitt, James B.**	Columbia	**026**
Pittman, Cory B.	Columbia	**218**
Pittman, Gerald R.	St. Louis	**190**
Pittman, Susan	St. Louis	**190**
Pjura, George A.	Cape Girardeau	**042**
Plax, Steven I.	St. Louis	**190**
Podolsky, Howard S.	St. Louis	**002**
Podrecca, Guido I.	Key Largo, FL	**082**
Poe, Megan C.	Columbia	**218**
Poger, Marshall E.	St. Louis	**190**
Poggemeier, David A.	St. Charles	**189**
Poggemeier, William H.	St. Charles	**189**
Pogson, George W., III	Independence	**125**
Pohl, David L.	St. Louis	**190**
Pojanasomboon, Pichat	Las Vegas, NV	**135**
Politi, Gregory B.	Kansas City	**125**
Politte, Lenard L.	Columbia	**026**
Pon, Marcelino	St. Louis	**190**
Ponciroli, Kevin M.	Columbia	**218**
Ponstingl, Raana J.	St. Louis	**190**
Pontillas, Job B.	Perryville	**174**
Poole, Anthony G.	Sikeston	**202**
Poonawala, Huseni E.	Scottsdale, AZ	**125**
Porte, Karen L.	Joplin	**102**
Porter, Charles B.	Kansas City	**125**
Porter, Michael J.	Kansas City	**125**
Porter, Susan S.	Kansas City	**125**
Portnoff, Lee S.	St. Louis	**190**
Portwood, Glen L.	Kansas City	**125**
Porvaznik, John T.	Chesterfield	**190**
Porvaznik, Michael E.	St. Louis	**190**
Post, Stephen L.	St. Louis	**190**
Postma, George S., Jr.	Mission, KS	**125**
Pottenger, L. Kenneth	Joplin	**102**
Potts, Dan E.	Chesterfield	**190**
Potts, Donald A.	Kansas City	**125**
Potts, Gregory A.	Washington	**207**
Potts, Matt	Redlands, CA	**222**
Poulose, Abraham K.	Kansas City	**125**
Powell, Alan E.	Independence	**125**
Powell, Edwin M.	Springfield	**082**
Powell, John A.	St. Louis	**190**
Powell, Kenneth R.	Springfield	**082**
Power, Robert W.	Jefferson City	**058**
Powers, Catherine A.	Leawood, KS	**125**
Powers, Janette	St. Louis	**216**
Prakash, Siddharth	Columbia	**218**
Prasad, Chandra N.	Jefferson City	**058**
Prater, Bill G.	Springfield	**082**
Prater, Thomas G.	Springfield	**082**
Pratt, Terrence	Kansas City	**125**
Prensky, Arthur L.	St. Louis	**002**
Presley, Jimmy C.	Springfield	**082**
Prevallet, Kim E.	Perryville	**218**
Prey, Marianne U.	St. Louis	**190**
Pribor, Elizabeth F.	St. Louis	**190**
***Price, Deborah**	Cape Girardeau	**042**
Price, Hilton I.	St. Louis	**190**
Price, Nigel J.	Overland Park, KS	**125**
Price, Patrick K.	Shawnee Mission, KS	**125**
Price, Richard B.	Overland Park, KS	**125**
Price, Richard C.	Harrisonville	**214**
Prickett, David C., Jr.	Kearney	**050**
Pringle, Scot G.	Cape Girardeau	**042**
Pro, John D.	Kansas City	**125**
Proctor, Donald C.	Sedalia	**178**
Proskey, Vincent J.	Chesterfield	**190**
Prough, Casey	Kansas City	**220**
Prstojevich, Steven J.	Kansas City	**125**
Pruett, Don S.	St. Louis	**190**
Pruett, Paul L.	Springfield	**082**
Pryor, Carolyn J.	Florissant	**190**
Pryor, Ira Joe	Kansas City	**102**
Puckett, Charles L.	Columbia	**026**
Puckett, Lynn M.	Columbia	**026**
Pugh, Richard G.	Blue Springs	**125**
Puglisi, Mark F., Jr.	Kansas City	**220**
Purcell, Henry E.	St. Louis	**190**
Purcell, John J., Jr.	St. Louis	**190**
Purcell, Richard D.	Springfield	**082**
Puri, Jaideep	Kansas City, KS	**126**
Puro, Edward A.	Florissant	**190**
Pyeatte, Jacob P., Jr.	Cape Girardeau	**042**

Q

Quant, Eudocia	St. Louis	**222**
Quiason, Arturo G.	Independence	**125**
Quiason, Emmeline P.	Independence	**125**
Quigley, Kevin J.	St. Louis	**216**
Quinn, Jennifer	St. Louis	**002**
Quinn, Paul S.	Springfield	**082**
Quinn, Rodney D.	Springfield	**082**
Qureshi, Abdul R.	St. Louis	**190**

R

Raborar, Arteso C.	Springfield	**082**
Racela, Luz S.	Kansas City	**125**
Radakovich, Rick R.	Kansas City	**150**
Rader, Edward S.	St. Louis	**190**
Radford, Diane M.	St. Louis	**190**
***Radinsky, Stephen**	St. Louis	**190**
Radke, H. Karl	Mission, KS	**126**
Radley, Anne M.	Florissant	**190**
Ragan, Erin M.	Columbia	**218**
Ragar, Brent	St. Louis	**222**
Ragland, John E.	Bonnots Mill	**058**
Ragsdell, Matthew M.	Kansas City	**224**
Rahman, Moudur	Chesterfield	**190**
Rainey, Gordon	Parms	**220**
Raju, Niranjana	Ste. Genevieve	**174**
Rall, Kenneth L.	Columbia	**026**
Rallo, Marcus C.	St. Louis	**216**
Ramey, Ehret O.	Kansas City	**125**
Ramirez, Ricardo M.	Kansas City	**034**
Ramos, Americo G.	Shawnee Mission, KS	**125**
Ramos, Ricardo R.	Jacksonville, FL	**190**
Ramsey, J. Darryl	Cape Girardeau	**042**
Ramsey, Peter J.	Columbia	**218**
Ramsey, Robert H.	Bridgeton	**190**
Randolph, Bernard C.	St. Louis	**190**
Randolph, Bernard C., Jr.	Bridgeton	**002**
Randolph, Gary	Joplin	**102**
Randolph, Kerry A.	Springfield	**002**
Ranes, Justin	Kansas City	**220**
Rangineni, Rajagopal	St. Joseph	**030**
Rankin, Diane	St. Louis	**190**
Rankin, Kevin P.	Sikeston	**202**
Rao, Sumati	St. Louis	**190**
Rapp, Earl L.	Hannibal	**150**
Rascanu, Adriana E.	Kansas City	**224**

*Doctor of Osteopathy

Ratcliff, Keith M.	207	Washington
Ratkin, Gary A.	190	St. Louis
Rau, Michael E.	207	Washington
Rauba, Alan T.	058	Jefferson City
Rawa, John Jr.	220	Kansas City
Rawlins, Fred E.	042	Cape Girardeau
Rawson, Perry G.	207	Washington
Ray, Adrian K.	218	Columbia
Ray, Bidisha	218	Columbia
Ray, Joel W.	042	Cape Girardeau
***Ray, Terry L.**	026	Columbia
Rayala, Heidi J.	222	St. Louis
Raybould, Michael W.	125	Kansas City
Raybuck, Paula	222	St. Louis
Rayne, Susan C.	190	St. Louis
Raynor, Richard C.	198	Marshall
Razzaq, Abdul	190	St. Louis
Reaney, John A.	002	Kansas City
Rearden, Timothy P.	190	St. Louis
Reardon, James P.	050	N. Kansas City
Reardon, Thomas F.	190	St. Louis
Reardon, Thomas M.	050	Liberty
Reddy, Abbiah N.	034	Poplar Bluff
Reddy, Anchala N.	206	West Plains
Reddy, Nalini A.	206	West Plains
Reddy, Ramachandra	042	Cape Girardeau
Reddy, Satish K.	216	St. Louis
Reddy, Vinaya K.	218	Columbia
Redfern, David L.	082	Springfield
Redington, James C.	050	N. Kansas City
Redington, James C., Jr.	190	St. Louis
Redmon, Conchita M.	082	Springfield
Rednam, Krishnarao V.	190	St. Louis
Reed, Glen H.	214	Appleton City
Reed, Jeffrey T.	190	St. Louis
Reeder, Charles C.	050	Smithville
Reese, Jon A.	082	Springfield
Reese, Lester T.	190	St. Louis
Reeves, R. Bradley	102	Joplin
Regas, Stephen L.	125	Kansas City
Reh, Thomas E.	190	St. Louis
Reichert, Timothy J.	190	St. Louis
Reinhardt, J. Robert R.	125	Kansas City
Reintjes, Stephen L.	125	N. Kansas City
Reisler, David M.	190	Chesterfield
Reiss, Jacqueline L.	190	Chesterfield
Reiss, Jeanne E.	125	Kansas City
Reister, Philip D.	125	Overland Park, KS
Rejent, Anthony J.	190	St. Louis
Remillong, Elizabeth L.	218	Columbia
***Rendlen, Melissa F.**	150	Hannibal
Renner, Gregory J.	026	Columbia
Reseburg, Sarah A.	216	St. Louis
Retherford, Marta L.	218	Columbia
Retter, Kenneth W.	042	Cape Girardeau
Revels, Harry R., III	125	Leawood, KS
Revels, Stephanie M.	125	Fairway, KS
Reyes, Jose T.	190	St. Louis
Reyes, Luis A.	190	St. Louis
Reyes, Michael J.	222	St. Louis
Reynolds, Richard R.	125	Kansas City
Reynolds, Robert B., Sr.	190	Carbondale, CO
Reynolds, Susan K.	190	St. Louis
Reynolds, William R.	082	Springfield
Rezvani, Laghaieh	202	Sikeston
Rhoades, Charles E.	125	Leawood, KS
Rhodes, Amanda D.	224	Overland Park, KS
Rhodes-Stark, Kelly L.	125	Kansas City
Riaz, M. Afzal	135	Rolla
Ricci, Walter J.	125	Overland Park, KS
Rice, Karen H.	058	Jefferson City
Rice, Lee Roy	102	Joplin
Rich, Keith M.	190	St. Louis
Rich, Margaret M.	190	St. Louis
Rich, Rachel	222	St. Louis
Richards, Dean D., III	125	Overland Park, KS
Richardson, Brent A.	220	Kansas City, KS
Richardson, Curtis J.	030	St. Joseph
Richardson, George A.	207	Union
Richardson, Norbert L.	207	Union
Richardson, Thomas F.	190	St. Louis
Richmond, Ron	042	Cape Girardeau
Ridenhour, C. E. Gene	026	Columbia
Ridgeway, William G.	190	St. Louis
Ridings, Harold D.	042	Cape Girardeau
Ridley, Thomas R.	216	St. Louis
Riechers, Thomas B.	207	Washington
Rieger, Frank G.	026	Columbia
Rigden, L. Brick	050	N. Kansas City
Rikli, Arthur E.	026	Columbia
Riley, Charles T.	118	Richmond
Riley, Joel Y.	002	St. Louis
Riley, Patrick L.	216	Afton
Rinehart, Gregory C.	190	St. Louis
Riner, Ronald N.	190	St. Louis
Ring, Daniel S.	190	St. Louis
Ringen, Oran J., Jr.	082	Springfield
Ringer, C. Nelson	042	Cape Girardeau
Ringhofer, Brian R.	218	Columbia
Rinker, Theresa S.	218	Columbia
Riojas, Lisa A.	135	Rolla
Riscoe, James M.	102	Joplin
Rising, Dean R.	082	Springfield
Rispler, David T.	058	Jefferson City
Ritter, C. J.	042	Cape Girardeau
Ritter, Carl F.	042	Sedona, AZ
Ritter, Hubert A.	190	Chesterfield
Ritter, Matthew J.	216	Florissant
Ritter, Ray A., Jr	042	Cape Girardeau
***Rittman, Christopher J.**	208	Branson
Rivard, Robert	218	Columbia
River, George L.	102	Joplin
Roa, Necita L.	002	St. Louis
Roach, Jennifer L.	218	Columbia
Robbins, Philip L.	190	St. Louis
Robbins, Thomas D.	058	Jefferson City
Roberts, Charles C.	125	Overland Park, KS
Roberts, Christopher H.	102	Joplin
Roberts, Grosvenor G.	125	Kansas City
Roberts, Harold K.	190	Clayton
Roberts, Howard H.	102	Joplin
Roberts, Jonathan M.	058	Jefferson City
Roberts, Perry T.	042	Oxford, MS
Roberts, Phyllis G.	030	St. Joseph
Robertson, Frank G.	190	Searcy, AR
Robertson, Terence A.	125	Leawood, KS
Robertson, William D.	034	Poplar Bluff
Robinett, Dawn	218	Columbia
Robinett, Wade V.	125	Kansas City
Robinow, Jay S.	125	Kansas City
Robinson, Arthur W.	125	Shawnee Mission, KS
Robinson, Gary L.	082	Springfield

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Robinson, Gordon H.	190	St. Louis
Robinson, Jay G.	125	Independence
Robinson, Ronald L.	042	Cape Girardeau
Robinson, William J.	125	Overland Park, KS
Robinson O'Neill, Darby	222	St. Louis
Robison, Leon R.	190	Chesterfield
Robison, Paul D.	102	Joplin
Rodgers, Dorothy L.	026	Huntington Bch., CA
Rodgers, George H.	125	Leawood, KS
Rodgers, Jody A.	058	Jefferson City
Rodgers, W. Blake	058	Jefferson City
Rodrigue, Linda A.	190	Florissant
Rodriguez, Carlos F.	150	Hannibal
Rodriguez, Fausto J.	218	Columbia
Rodriguez, Luis C.	195	St. Louis
Rogers, Casey	014	Mexico
Rogers, Cindy J.	216	St. Louis
Rogers, H. Bryan	190	St. Louis
Rogers, J. Drew	082	Springfield
Rogers, James T.	082	Springfield
Rogers, John T.	030	Osage Beach
Rogers, Robert L.	125	Shawnee Mission, KS
Roh, Joseph J.	125	Kansas City
Rohrback, Janelle M.	216	St. Louis
Rohrback, Scott M.	216	St. Louis
Roller, James A.	026	Columbia
Rollo, John L.	190	St. Louis
Romaker, Ann M.	125	Kansas City
Romkema, George E.	190	St. Louis
Roper, Charles L.	190	St. Louis
Rose, Barry A.	125	Overland Park, KS
Roselman, Michael J.	082	Springfield
Rosen, Howard M.	125	N. Kansas City
Rosen, Larry A.	125	Independence
Rosenbaum, Herbert E.	190	St. Louis
Rosenberg, David S.	190	Florissant
Rosenquist, Chris R.	042	Cape Girardeau
Rosenthal, Anne S.	125	Kansas City
Rosenthal, Debra D.	190	St. Louis
Rosenthal, Howard G.	125	Overland Park, KS
Rosenthal, William N.	125	Kansas City
Ross, Gilbert, Jr.	026	Columbia
Ross, Robert M.	125	Kansas City
Ross, William J.	190	Bridgeton
Rossi, Benjamin M.	224	Roeland Park, KS
Roter, Alexander M.	189	St. Charles
Roth, Alfred D.	125	Mission, KS
Roth, John J.	190	St. Louis
Rother, Paul H.	189	St. Charles
Rothley, Lisa R.	218	Columbia
Rotramel, James R., Jr.	125	Kansas City
Rottler, Paul D.	190	St. Louis
Rouse, David T., Jr.	218	Columbia
Rouse, Ernest T., III	190	St. Louis
Roush, Randall D.	190	Florissant
***Routsong, Rodney T.**	190	Lima, OH
Rovelstad, Suzan	222	St. Louis
Roxas, Generoso P.	189	St. Charles
Roy, Lance A.	222	St. Louis
Roy, Tapankumar S.	190	St. Louis
Royce, Debra L.	102	Sarcoxie
Rozen, Jay I.	125	Kansas City
***Ruby, Holli K.**	208	Hollister
Rudloff, Mary A.	190	St. Louis
Ruehl, Albert F.	190	St. Louis
Rues, Lawrence A.	125	Kansas City
Ruess, Robert W.	042	Cape Girardeau
Ruff, Paul G.	082	Springfield
Rullan, Carlos D.	002	Oakland, CA
***Rummel, Theodore S.**	002	Wentzville
Russell, Garth S.	026	Palm Beach, FL
Russell, Herman E., Jr.	190	St. Louis
Russell, James L.	125	Leawood, KS
Russell, John J.	042	Cape Girardeau
Russell, Mai T.	216	St. Louis
***Russell, Robert B.**	042	Cape Girardeau
Russell, Robert K.	125	Kansas City
Russell, Steven L.	050	Kansas City
Russell, Trent	120	Osage Beach
Rutherford, Barry D.	125	Kansas City
Rutledge, Bridget S.	218	Columbia
Rutledge, Paul G.	216	St. Louis
Ruwitch, Joseph F., Jr.	190	St. Louis
Ryall, Jo-Ellyn M.	190	St. Louis
Ryan, David	078	Trenton
Ryan, Michael H.	195	St. Louis
Ryan, Robert A.	082	Mission, TX
Ryan, Thomas J.	058	Jefferson City
***Ryan, Timothy J.**	198	Marshall
Ryder, Jeffrey A.	224	Kansas City
Rymarquis, Lara A.	222	St. Louis
Rymer, Marilyn M.	125	Kansas City
Ryser, Carol A.	125	Kansas City

S

Saak, Thomas E.	002	Ellisville
Sabapathy, Thiruppathy R.	224	Kansas City
Sabates, Felix N., Sr.	125	Kansas City
Sabates, Nelson R.	125	Kansas City
Sabates, Roland	125	Kansas City
Saboeiro, Gregory R.	002	St. Louis
***Sacha, Robert F.**	042	Cape Girardeau
Sachar, Jerome D.	190	St. Louis
Sadhu, Vijay K.	026	Columbia
Safley, Thomas J.	125	Independence
Sagar, Satya J.	190	St. Louis
Saghir, Marcel T.	190	St. Louis
Saha, Nitai C.	190	St. Louis
Saha, Sudha R.	190	St. Louis
Sahota, Pradeep K.	026	Columbia
Sakmar, Douglas A.	190	St. Louis
Sakurai, Mardmi	222	St. Louis
Salathe, Gregg J.	082	Springfield
Saldana, Dahlia	125	Independence
Salem, Deemah M.	216	St. Louis
Salibi, Habbouba	190	Chesterfield
Sallee, David C.	216	St. Louis
Sallee, Skip	190	Ladue
Salmon, M. L.	190	Palm Harbor, FL
Salvador, Antonio	190	St. Louis
Samet, John M.	190	St. Louis
Sammon, T. James	082	Springfield
Sammons, Harry C.	190	Hermann
Samson, Barry L.	190	St. Louis
Samudrala, Ramulu	190	St. Louis
Samuel, George P.	034	Doniphan
Samuelson, Thomas S.	125	Kansas City
Sanchez, Archie J.	002	Olathe, KS
Sanders, Jack S.	058	Jefferson City
Sandiford, Patrick	189	St. Charles
Sandza, Joseph G., Jr.	190	St. Louis
Sanfelippo, John F.	058	Jefferson City
Santanello, William M.	190	Belleville, IL

Sargent, Eric W.	002	St. Louis
Sargent, Jennifer E.	135	Rolla
Sasser, William F.	190	St. Louis
Sato, George	190	Chesterfield
Sato, Richard W.	190	Chesterfield
Satterlee, C. Craig	125	Kansas City
Sattler, Jeffrey W.	224	Kansas City, KS
Sauer, Gordon C.	125	Kansas City
Saville, Brian J.	222	St. Louis
Sawani, Arej M.	218	Columbia
Sawyer, Floyd E.	050	Ft. Lauderdale, FL
Sawyer, James	190	St. Louis
Scacewater, Rick	102	Joplin
***Scanlon, Robert C., II**	082	Springfield
Scarborough, Betty F.	125	Shawnee Mission, KS
Scarbrough, Marcus L.	126	Mission, KS
Scearce, Robert L.	058	Jefferson City
Schaaf, Robert O.	030	St. Joseph
Schaberg, James E.	189	St. Charles
Schaberg, Kevin B.	190	Chesterfield
Schaefer, Glennon S.	190	St. Louis
Schane, Catherine L.	082	Springfield
Schaper, Ernest H.	190	St. Louis
Scharf, Daniel	125	Overland Park, KS
Scharrer, Alan J.	110	Holden
Scheibe, Robert G.	190	St. Louis
Scheible, Robert F.	190	St. Louis
Scheiner, Christopher A.	216	St. Louis
***Schekorra, Fred W.**	058	Camdenton
Schell, James A.	190	Creve Coeur
Scheperle, Mark A.	190	St. Louis
Schermer, Jerrold A.	026	Columbia
Scherr, David D.	058	Jefferson City
Scheu, James H.	190	St. Peters
Schierman, William D.	190	St. Louis
Schiffmacher, Jack E.	125	Prairie Village, KS
Schillie, Gene A.	125	Kansas City
Schiro, John E.	054	Cameron
Schlafly, Bruce S.	190	St. Louis
Schlafly, Edward F., Jr.	190	Chesterfield
Schlarman, David E.	190	St. Louis
Schlossman, David M.	026	Columbia
Schlozman, Daniel L.	125	Kansas City
Schmaltz, Richard A.	026	Columbia
Schmid, Tania L.	190	St. Louis
Schmidt, Amy E.	216	University City
Schmidt, Craig J.	207	Pacific
Schmidt, Dennis A.	190	St. Louis
Schmidt, Edwin H.	190	St. Louis
Schmidt, Edwin H., III	190	St. Louis
Schmidt, Herbert J.	102	Joplin
Schmidt, Jerome H.	058	Jefferson City
Schmidt, Kimberly	216	Chesterfield
Schmidt, Martin P.	190	St. Louis
Schmidt, Richard U., Jr.	218	St. Louis
Schmidt, Susan L.	216	St. Louis
Schmidt, Stephen D.	002	St. Louis
Schmidt, Thomas L.	125	Overland Park, KS
Schmitt, Sarah	222	St. Louis
Schmitz, John M.	125	Kansas City
Schmitz, Ralph A.	166	Monett
Schnake, Penelope J.	216	St. Louis
Schnarr, William	189	St. Charles
Schneider, Alan M.	125	Overland Park, KS
***Schneider, Horace L.**	042	Cape Girardeau
Schneider, J. Michael	082	Springfield
Schneider, Paul G.	190	St. Louis
Schneider, Thomas A.	189	St. Charles
Schnellmann, Donald C.	190	Granite City, IL
Schnidman, Jacquelyn C.	190	St. Louis
***Schnur, David**	042	Cape Girardeau
Schoeck, Albert F.	190	Chesterfield
Schoedinger, George R., III	190	St. Louis
Schoenberger, John R.	042	Cape Girardeau
Schoenecker, Perry L.	190	St. Louis
***Schoenfeld, Roger H.**	102	Joplin
Schoengarth, Lowell D.	026	Columbia
Schokker, Johannes	058	Jefferson City
Schondelmeyer, R. Wade	026	Columbia
Schoofs, Alexander	220	Kansas City
Schoolman, Arnold	125	Shawnee Mission, KS
Schopp, Alvin C.	190	St. Louis
Schottman, Gerhard W.	125	Shawnee Mission, KS
Schrenk, Loren C.	190	St. Louis
Schrick, Richard E.	190	St. Louis
Schroeder, Candena L.	218	Columbia
Schroeder, Jason	216	St. Louis
Schroeder, Walter A., Jr.	042	Cape Girardeau
Schroer, William C.	190	Bridgeton
Schroff, Carle E.	082	Springfield
Schuepbach, Amy	220	Chesterfield
Schuessler, Edward C.	190	St. Albans
Schuessler, Wolfgang P.	190	St. Louis
Schuetz, Evelyne G.	189	St. Charles
Schulman, Jeffrey I.	195	St. Louis
Schultz, Brian J.	218	Columbia
Schultz, Earl R.	190	St. Louis
Schultz, Paul K.	190	St. Louis
Schultz, Scott	218	Columbia
Schulz, Richard C.	190	St. Louis
Schutte, Martin P.	216	St. Louis
Schutz, John P.	050	Excelsior Spgs.
Schuval, David	190	St. Louis
Schwartz, Howard I.	125	Kansas City
Schwartzman, Neil R.	115	Lebanon
Schwarze, Daniel J.	190	St. Louis
Schwedt, Todd J.	218	Columbia
Schwegler, Robert G.	125	Shawnee Mission, KS
Schweiss, John F.	190	St. Louis
Schwent, Bryan J.	216	St. Louis
Sciortino, Robert A.	190	St. Louis
Scodary, Daniel J.	190	Bridgeton
Scoles, Lyndell D.	026	Columbia
Scott, Benn L.	042	Cape Girardeau
Scott, C. Alan	198	Marshall
Scott, E. David	058	Bonnots Mill
Scott, Joni C.	082	Rogersville
Scott, Kenneth F.	086	Clinton
Scott, Michael R.	082	Springfield
Scott, Robert W.	082	Springfield
Scott, Wendell J.	082	Springfield
Scowley, John E.	118	Richmond
Scully, Thomas F.	190	St. Louis
Seabaugh, Janice L.	042	Cape Girardeau
Seabaugh, William L.	042	Cape Girardeau
Seaberg, John J., III	026	Columbia
Seagrave, Richard A.	082	Springfield
Sears, Jessica E.	218	Columbia
Sedgwick, William G.	190	St. Louis
See, W. Mike	026	Columbia
Seeck, Brian A.	218	Columbia
Seeley, James J.	190	St. Louis

*Doctor of Osteopathy

Segall, Stephen A.	034	Poplar Bluff
Segraves, Steven D.	125	Kansas City
Seidenfeld, John J.	190	St. Louis
Seitz, Elson F.	125	Independence
Selhorst, John B.	190	St. Louis
Seligson, Michael S.	125	Kansas City
Selke, Kenneth G.	190	Chesterfield
Semion, Katharine A.	216	St. Louis
Sengelmann, Roberta D.	190	St. Louis
Serraiocco, Gina	222	St. Louis
Sertl, George O.	190	St. Louis
Sertl, James F.	190	St. Louis
Sessions, Donald G.	190	St. Louis
Severance, Michael S.	058	Jefferson City
Sevier, Cia-Mattae	220	Kansas City
Shady, Laura I.	216	St. Louis
Shaeffer, James T.	082	Springfield
Shagets, Frank W.	102	Joplin
Shah, Anwar	190	Newport Coast, CA
Shah, Bharat	082	Springfield
Shah, Chirag V.	220	Kansas City, KS
Shah, Jitendra P.	190	St. Louis
Shah, Nilesh H.	218	Columbia
Shah, Ramesh R.	102	Joplin
Shah, Riaz H.	014	Mexico
Shah, Tejas	220	Kansas City, KS
Shaheen, Eleanor	026	Columbia
Shakil, Mohammad	042	Cape Girardeau
Shanahan, Philip J.	190	St. Louis
Shands, Courtney, III	190	St. Louis
Shane, Ramon A.	082	Springfield
Shaner, Thomas P.	190	St. Louis
Shank, Robert E.	190	St. Louis
Shapero, James A.	026	Columbia
Shapleigh, John B., II	002	Chesterfield
Shaplin, Alfred D.	106	Ballwin
Sharlow, Joseph W.	174	Ste. Genevieve
Sharma, Vidya	125	Kansas City
Sharp, Ronald J.	125	Overland Park, KS
Shashek, Jennifer	216	Belleville, IL
Shatz, Burton A.	190	St. Louis
Shaw, James T.	207	Hermann
Shaw, Richard C.	190	St. Louis
Shaw, Robert D.	206	Willow Springs
Shaw, Tania	222	St. Louis
Shealy, C. Norman	082	Fair Grove
Shechter, Nathan	125	Overland Park, KS
Sheehan, Daniel J.	222	St. Louis
Sheehan, Maureen H.	125	Overland Park, KS
Sheehan, Michael B.	125	Shawnee, KS
Sheehan, Paul J.	190	Bridgeton
Shelden, Russell D.	125	Kansas City
Sheldon, John M.	125	Kansas City
Shelley, James M.	082	Springfield
Shelley, William C.	002	Blue Springs
Shelton, Chad C.	218	Columbia
Shelton, Earl W.	190	Lake St. Louis
Shelton, R. Wayne	082	Springfield
Shen, Anthony S.	190	St. Louis
Shen, Jerome T.	190	St. Louis
Shen, Winston W.	190	St. Louis
Sher, Allyn L.	026	Columbia
Sheridan, John J.	190	St. Louis
Sherman, David M.	082	Springfield
Sherrill, Joseph E.	190	St. Louis
Sherrod, Duane W.	102	Joplin
***Sherrod, Glenn M.**	190	Bridgeton
Sherwin, Charles S.	190	St. Louis
Shields, Lawrence S.	082	Springfield
Shifrin, Alexander	125	Kansas City
Shih, Marianne	222	Potomac, MD
Shih, Robert	222	St. Louis
Shimoda, Kumiko T.	002	Chesterfield
Shine, Nichole M.	218	Columbia
Shine, Thomas E.	190	St. Louis
Shinn, Michael E.	050	Kansas City
***Shipman, Wade M.**	082	Rogersville
Shipton, Linda	218	St. Louis
Shitut, Ravindra V.	190	St. Louis
Shniter, Lorinna	190	St. Louis
Shopper, Moisy	190	St. Louis
Shore, Bernard L.	190	St. Louis
Shore, Jeffrey L.	102	Joplin
Short, Charles D.	190	St. Louis
Short, Howard N.	207	Washington
Shoults, Nicholas F.	082	Springfield
Shroff, Kumkum	190	St. Louis
Shuler, Frederick N.	125	Kansas City
Shull, G. D.	058	Jefferson City
Shull, Gretchen D.	218	Columbia
Shultz, Thomas M.	082	Springfield
Shuman, Charles R., III	030	St. Joseph
Shuman, Robert B.	190	St. Louis
Shuter, Eli	190	St. Louis
Sibley, Adam	222	St. Louis
Sicard, Gregorio A.	190	St. Louis
Siddiqui, Sameer A.	218	Chesterfield
Sides, Stanley D.	042	Cape Girardeau
Siegel, Barry A.	190	St. Louis
Siegel, Charles	050	Gladstone
Siemer, Deanna M.	042	Jackson
Siemers, George E.	190	Naples, FL
Sierk, Alexander	222	St. Louis
Sil, Nitin	216	St. Louis
Siler, Thomas M.	189	St. Charles
***Sill, William**	189	St. Peters
Silliman, York E.	030	St. Joseph
Silvers, L. Michael	125	Kansas City
Silverstein, Randy B.	190	St. Louis
Silverstein, Steven M.	125	Kansas City
Simmons, Connie D.	042	Cape Girardeau
Simmons, Donald D.	125	Kansas City
Simmons, Jess S.	102	Joplin
Simmons, Natasha C.	216	St. Louis
Simmons, Nicholas R.	218	Columbia
Simo, Frank	190	St. Louis
Simon, David L.	190	St. Louis
Simon, Nathan M.	190	St. Louis
Simon, Sanford	125	Shawnee Mission, KS
Simowitz, Fredric M.	189	St. Charles
Simpson, Albert P.	082	Springfield
Simpson, Joseph R.	190	St. Louis
Sims, Michael T.	216	St. Louis
Sincox, Charles H.	207	Washington
Singh, Christopher M.	216	St. Louis
Singleton, Charles M., II	125	Kansas City
Singleton, Marvin A.	102	Joplin
Siripipat, Pallop	014	Mexico
Siriwangchai, Kulnarin G.	126	Kansas City, KS
Sislen, Donald R.	190	St. Louis
Sisson, Richard G.	190	St. Louis
Sistrunk, William W.	082	Springfield

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*Doctor of Osteopathy

Sitzman, Everette T.	125	Kansas City
Sjoblom, Beth A.	218	Columbia
Skillman, Robert K.	125	Shawnee Mission, KS
Skimming, W. Lee	190	Glencoe
Skinner, Jocele A.	216	St. Louis
Skinner, John S.	190	Chesterfield
Sklenar, Donald E.	030	St. Joseph
Slagle, Genelle J.	125	Overland Park, KS
Slahorek, George J.	030	St. Joseph
Slankard, J. Edward	125	Leawood, KS
Slaughter, Carl R.	050	Morrilton, AR
Slaughter, James R.	026	Columbia
Sleesman, Jay B.	218	Columbia
Slentz, Edwin L.	125	Shawnee Mission, KS
Slocum, Stephen G.	190	St. Louis
Sly, Anne K.	125	Kansas City
Small, Jeffrey B.	216	St. Louis
Smalley, Stephen R.	125	Kansas City
Smalling, Ronnie G.	002	Springfield
Smeltzer, Frederick M.	120	Osage Beach
Smiley, William L.	190	St. Louis
Smith, Arthur B.	125	Philadelphia, PA
Smith, Bonnie R.	218	Columbia
Smith, Brenda S.	125	Kansas City
Smith, Brian	126	Kansas City, KS
Smith, Bruce D.	030	St. Joseph
***Smith, C. Daniel**	030	St. Joseph
***Smith, Charles H.**	050	Gladstone
Smith, Claude F.	206	West Plains
Smith, Courtland P., Jr.	070	Kennett
Smith, Dennis E.	224	Kansas City
Smith, Dermott A.	190	St. Louis
Smith, Emily L.	190	St. Louis
Smith, Gilbert D.	034	Poplar Bluff
Smith, Hubert E.	125	Kansas City
Smith, Hugh R.	190	St. Louis
Smith, Jared B.	216	St. Charles
Smith, Katherine W.	125	Shawnee Mission, KS
Smith, Kathleen	190	DuQuoin, IL
Smith, Kenneth B.	207	Washington
Smith, Kenneth G.	190	St. Louis
Smith, Kenneth R.	206	Bolivar
Smith, Kenneth R., Jr.	190	St. Louis
Smith, Kinim I.	150	Hannibal
Smith, Laura	216	Palo Alto, CA
Smith, Michael	222	St. Louis
Smith, Patrick A.	026	Columbia
Smith, Peter G.	190	St. Louis
Smith, Porter	070	Poplar Bluff
Smith, Rebecca A.	222	St. Louis
Smith, Robert W.	190	St. Louis
Smith, Roger P.	125	Kansas City
Smith, Roland T.	102	Gulfport, MS
Smith, Sally L.	190	Chesterfield
Smith, Stephen R.	190	Ballwin
Smith, Susan M.	125	Kansas City
Smith, Timothy R.	002	St. Louis
Smith, Timothy W.	125	Kansas City
***Smith, Toni R.**	148	Kirksville
Smith, W. Russell	102	Carthage
Smith, Wallace B.	125	Independence
Smith, William J.	086	Windsor
Smoller, Martin B.	189	St. Louis
Snead, William H.	082	Springfield
Sneid, David S.	125	Kansas City
Snow, Emasue	082	Springfield
Snow, Jerry W.	218	Malden
Snow, Jon F.	082	Springfield
Snowden, Kent L.	190	St. Louis
Snyder, Ryan D.	220	Kansas City
Sobky, Kareem	216	St. Charles
Sobol, Julia	222	St. Louis
Soeter, Ben H.	034	Poplar Bluff
Sohn, Richard	190	St. Louis
Solanki, Nareshkumar J.	190	Lake St. Louis
Sollars, Eric G.	030	St. Joseph
Solomon, Steven L.	190	Chesterfield
Sommer, Conrad S.	190	St. Louis
Somsel, Elizabeth	222	St. Louis
Soorya, Narendir T.	190	St. Louis
Sopuch, John A.	190	St. Louis
Sosna, Jacob P.	190	St. Louis
Soucy, John C.	189	Troy
Southwell, James L.	224	Kansas City
Southwick, Christopher L.	148	Leawood, KS
Sowash, James J.	026	Columbia
Spadaro, James J.	190	St. Louis
Spadone, Donald P.	026	Columbia
Spaedy, Tony	026	Columbia
Spalding, David L.	082	Rogersville
Spalding, Wilber B., Jr.	125	Shawnee Mission, KS
Spalitto, Gina M.	220	Kansas City
Sparkman, Thomas C.	042	Cape Girardeau
Spaulding, Kenneth A.	002	Kansas City
Spearman, Michael L.	190	St. Louis
Spehar, Pascal E.	125	Independence
Spence, Paul A.	042	Cape Girardeau
Spence, Robert	218	Climax Spgs.
Spengel, Ken C.	224	Kansas City
Speno, Angelo A.	190	St. Louis
Spernoga, John F.	190	St. Louis
Spieldoch, Rachel L.	218	Columbia
Spitler, Allen L.	042	Cape Girardeau
Spitler, Jennifer A.	218	Columbia
Spitler, John C.	218	Columbia
Spitzfaden, Andrew	218	Columbia
Spivack, Alan R.	190	Chesterfield
Spollen, Linda E.	026	Columbia
Sponenberg, Don D.	082	Springfield
Sportsman, Weldon L.	050	Kansas City
Sprague, Gita	030	St. Joseph
Spurgat, Robert M.	030	St. Joseph
Spurgeon, Milo J.	026	Columbia
Spurgeon, Natalie	220	Kansas City
Spurgeon, Stephen	190	Maryland Hts.
Spurling, Jason K.	218	Columbia
Spurlock, Luther D.	135	Rolla
Spurney, Joe E.	125	Kansas City
Spurny, Otto M.	125	Kansas City
Spurrier, Mark H.	190	St. Louis
Squire, Nancy A.	126	Raytown
Squitieri, Alphonse J.	190	St. Louis
Srokowski, Tomasz	222	St. Louis
St. John, Donald R.	102	Marshall
St. Peter, David A.	125	Liberty
Staab, Gerald E.	125	Kansas City
Stafford, Walter R.	190	St. Louis
***Stahly, Randall L.**	042	Cape Girardeau
Stahr, William D.	042	Cape Girardeau
Stallard, Donald J.	030	St. Joseph
Stamatis, John J.	082	Springfield
Stamps, Gregory S.	082	Springfield

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*Doctor of Osteopathy

Stanley, Brad K.	Independence	125
Stanley, John O.	Kansas City	050
Stanton, Liza S.	O'Fallon	002
Stark, Karl R.	N. Kansas City	125
Stark, Timothy D.	St. Louis	222
Starke, Joe D.	Columbia	026
Starke, Keith M.	St. Louis	002
Starks, Gregory C.	Kansas City	125
Starr, Steven K.	N. Kansas City	050
Stasik, Christopher J.	Kansas City	224
Statland, Harry	Kansas City	125
Statland, Morris	Shawnee Mission, KS	125
***Steele, Brian K.**	Joplin	102
Steele, Jack T.	Bridgeton	190
Steele, Mark T.	Kansas City	125
Steele, Norman P.	Bridgeton	190
Steenbergen, Michael	Jefferson City	058
Steffen, Lawrence F.	Shawnee Mission, KS	125
***Steier, Kenneth J.**	Kansas City	125
Steiling, Sylvia A.	St. Louis	190
Stein, J. Christopher	Springfield	082
***Steinbrecher, Janis M.**	Lee's Summit	125
Steiner, Alexander J.	St. Louis	190
Steinhaus, David M.	Kansas City	125
Stelmach, Walter J.	Kansas City	125
Stephen, C. Ronald	Chesterfield	190
Stephenson, Hugh E.	Columbia	026
Sterkel, Barbara B.	St. Louis	190
Stevens, Amy E.	Columbia	218
Stevens, Edward M.	St. Joseph	030
Stevens, Melissa L.	St. Louis	216
Stevens, Sheridan	Independence	125
Stevens, Tracy L.	Kansas City	125
Stewart, Angela R.	Columbia	026
Stewart, Harry A.	Kansas City	125
Stewart, James L.	Kansas City	050
Stewart, L. Paul	St. Louis	190
Stewart, Robert B.	Springfield	082
Stickle, Arthur W.	St. Louis	190
Stickley, Louis P.	St. Louis	190
Stiers, Julaine	Columbia	026
Stiles, Michael C.	Kansas City	125
Stiles, Michella M.	Kansas City	125
***Stillie, G. Donald**	Kansas City	125
Stinnett, D. Mitchell	Joplin	102
Stith, John A.	St. Louis	190
Stockton, Raymond W.	Shawnee Mission, KS	125
Stockwood, Robert C.	Sedalia	178
Stoecker, Willeford J.	Cape Girardeau	042
Stoecker, William V.	Rolla	135
Stoffa, Maureen E.	St. Louis	190
Stohr, Paul E.	St. Charles	189
Stokes, Douglas L.	St. Joseph	030
Stokes, James M.	St. Louis	190
Stoliar, John B.	St. Louis	190
Stone, Carissa M.	Kansas City	002
Stoneman, William, III	St. Louis	190
Stoner, Bradley P.	St. Louis	190
Stoops, Stephen L.	Independence	125
Stout, Carl N.	Independence	125
Stradford, H. Todd	Columbia	026
Stratemeier, Edward H.	Blue Springs	125
Straub, David L.	Joplin	102
Strauss, Carl F.	Kansas City	125
Street, Maguinez A.	Hannibal	150
Strege, David W.	St. Louis	190
Streiff, Maria G.	St. Louis	190
Strevey, Tracy E., Jr.	Frontenac	002
Stricker, William E.	Rolla	135
Strickland, James C.	St. Louis	190
Stringer, Kenton L.	Aurora	166
***Stringer, Robert F.**	Joplin	102
Strobach, Kurt F.	St. Louis	190
Stroble, Mark	St. Louis	190
Stromberg, Brent V.	St. Louis	190
Stronach, Linda L.	St. Louis	190
Strong, Alexandra J.	Kansas City	125
***Strong, Ronald E.**	Jefferson City	058
Stronsky, David	St. Louis	190
Stroud, Malcolm H.	Dallas, TX	190
Struttmann, Matthew	Columbia	218
Stryker, William I.	Osprey, FL	190
Stuart, Byron M.	Boonville	026
Stuart, Danl D.	Brunswick	046
Stuart, Wallace E.	Paradise Valley	190
Stuber, Robert R.	St. Joseph	030
Stuerman, Lawrence G.	Louisiana	150
Stueve, Jacob S.	Columbia	218
Stufflebam, Robert E.	Springfield	082
Stuppy, Mark S.	Springfield	082
Stuppy, Mary F.	Joplin	002
Stuppy, Robert J.	Joplin	102
Sturm, Julie M.	Mission, KS	220
Sturtevant, Harwood N.	Springfield	082
Su, Philo S.	Jefferson City	058
Suarez, Alberto	Lee's Summit	125
Suarez-Solar, Pedro L., Jr.	St. Louis	190
Subbaiah, Kosuri V.	Ballwin	190
Subramanian, Geetha	Columbia	218
Sudekum, Anthony E.	Defiance	189
Sudekum, Joseph M.	St. Louis	190
Suedekum, Brandon	Kansas City, KS	220
Sueper, Robert H.	St. Louis	190
Sugarbaker, Everett D.	Jefferson City	058
Sugarbaker, Stephen P.	Jefferson City	058
Suk, Debbie	Columbia	218
Sukenick, Scott A.	St. Louis	222
Sullivan, Christine	Overland Park, KS	125
Sullivan, Clement J.	St. Louis	190
Sullivan, Dan T.	Springfield	082
Sullivan, William W.	St. Louis	190
Summers, John B.	St. Louis	190
Sun, Diane R.	St. Louis	222
Sun, Judy	Kansas City, KS	220
Sunderji, Shiraz	St. Louis	190
Sundermeyer, Mark L.	Columbia	218
Sundstrom, Frank D.	Nixa	082
Sundt, Thoralf M.	St. Louis	002
Sunshine, Herbert	St. Louis	190
Supattanasiri, Gultida J.	St. Louis	218
Surana, Neeraj	St. Louis	222
Suseela, Dasari	Kansas City	125
Susi, Jesse G.	St. Louis	190
Suwannasri, Rudee	St. Louis	190
Swaim, Truett	Kansas City	125
Swaminathan, Rajesh	Ballwin	195
Swaney, Charles M.	Columbia	026
Swango, J. Scott	Springfield	082
Swartz, Janelle A.	Columbia	218
Swaykus, Bernard T.	Bridgeton	190
Sweeney, Thomas P.	Springfield	002
Sweeney, Thomas P.	Republic	082

Sweiger, James H.	054	Plattsburg
Swenson, Casey T.	222	St. Louis
Switzner, Diane L.	082	Springfield
Swogger, Marcy M.	218	Columbia
Sylvanovich, W. Richard	190	St. Louis
Szabados, Ernest D.	125	Independence
Szewczyk, Mark A.	190	St. Louis
Szewczyk, Michael J.	026	Columbia
Szoko, Edward	190	St. Louis
Szymanski, Stanley R.	078	Wilmette, IL

T

Tadikamalla, Raghu	222	Pittsburg, PA
Tague, Robert D.	190	St. Louis
Tailor, Chandrakant C.	190	St. Louis
Takacs, Robert J.	125	Kansas City
Takeshita, Junko	222	St. Louis
Talbert, Clifford R.	042	Cape Girardeau
Tamblyn, Claire L.	125	Tubac, AZ
Tandon, Mini	224	Kansas City
Tang, Michele	222	St. Louis
Tanner, John P.	125	Kansas City
Tanner, Robert H.	058	Jefferson City
Tanphaichitr, Kongsak	190	St. Louis
Tansuwan, Chukiat	190	St. Louis
Taormina, Marc K.	125	Independence
Tariq, Manzoor A.	190	St. Louis
Tarr, Kathleen L.	195	St. Louis
Tarsney, Sean P.	126	Kansas City, KS
Tarvin, Randy J.	125	Lee's Summit
Tat, Nazhat	218	Columbia
Tataria, Monika	222	St. Louis
Tatini, Paparao	002	St. Louis
Taute, Hermann	190	St. Louis
Tavee, Winston	220	Kansas City
Taylor, Amy M.	218	Columbia
Taylor, Ingrid D.	125	Kansas City
Taylor, John R.W.	125	Independence
Taylor, Marsha A.	082	Springfield
Taylor, Natalie E.	224	Kansas City
Taylor, Philip W.	042	Cape Girardeau
Taylor, Steve J.	014	Mexico
Taylor, William K.	082	Springfield
Teague, J. Lynn	026	Columbia
Tedrow, Jeffrey R.	066	Bolivar
Teeter, Erin B.	220	Kansas City
Teeter, Rayni L.	218	Columbia
Tegeler, Kent E.	050	Liberty
Tegtmeyer, Chris	115	Lebanon
Tekwani, Hiralal T.	190	St. Louis
Tellerman, Barbara J.	026	Columbia
Templer, Jerry W.	026	Columbia
Tendai, Mark M.	082	Springfield
Tenorio, Arturo A.	158	Stanberry
Tenorio, Genoveva	158	Albany
Teoh, JoAnne H.	216	Brentwood
Tepper, Arnold	190	St. Louis
Tepper, Micah	218	St. Louis
Tergin, Helen F.	218	Columbia
*Terpstra, Gregory K.	138	Potosi
Terry, Boyd E.	026	Columbia
Terry, James F.	082	Springfield
Terry, James W.	042	Cape Girardeau
Terry, Melissa V.	218	Columbia
Tess, Allen F.	190	Florissant
Tessier, John E.	190	St. Louis
Tevaarwerk, Amye'	222	St. Louis
*Tewis, Huey D.	042	Cape Girardeau
Thahane, Lineo	222	St. Louis
Thal, Sanford M.	190	St. Louis
Thalblum, Harvey	125	Kansas City
Thanawalla, Shaukat A.	014	Mexico
Tharenos, Christy	027	Columbia
Thawley, Stanley E.	190	St. Louis
Thedinger, Bradley S.	125	Kansas City
Theel, Otto W., Jr.	125	Shawnee Mission, KS
Thesing, John A.	125	Lenexa, KS
Thibeault, Donald W.	125	Kansas City
Thiel, J. Allen	190	St. Louis
Thiele, Belmont R.	190	Las Vegas, NV
Thiele, Otto K.	189	St. Charles
Thierauf, Charles G.	002	St. Louis
Thies, Jerome H.	214	Osceola
Thieshoughton, Karen M.	224	Overland Park, KS
Thom, William H.	216	Belleville, IL
Thoma, George E., Jr.	190	St. Louis
Thomas, Alexis G.	125	Kansas City
Thomas, Christopher Y.	125	Shawnee Mission, KS
Thomas, Deborah G.	042	Cape Girardeau
Thomas, F. Anthony	050	Kansas City
Thomas, Horace E.	026	Columbia
Thomas, J. Regan	190	St. Louis
Thomas, James J.	125	Kansas City
Thomas, Jonathan L.	042	Cape Girardeau
Thomas, Leslie D.	050	N. Kansas City
Thomas, Lisa A.	027	Columbia
Thomas, Matthew A.	190	St. Louis
*Thomas, Norvin E.	014	Mexico
Thomas, Robert M.	026	Columbia
Thomas, Tyler D.	085	Springfield
Thomasson, David D.	082	Springfield
Thomasson, Jeffrey L.	190	St. Louis
Thomasson, Mary W.	190	St. Louis
Thompson, April D.	218	Columbia
Thompson, David E.	125	Lee's Summit
Thompson, Frederick E.	050	Liberty
Thompson, George R.	218	Columbia
Thompson, James E.	206	West Plains
Thompson, M. Bryant	190	Chesterfield
Thompson, Paul D.	042	Cape Girardeau
Thompson, Randall C.	125	Shawnee Mission, KS
Thompson, Robert F.	125	Leawood, KS
Thompson, Robert H.	216	St. Louis
Thomson, William M.	190	Chesterfield
Thorne, Marc	222	St. Louis
Thornhill, Joseph M.	190	St. Louis
Thornton, Fred H.	202	Sikeston
Thornton, James L.	150	Hannibal
Thornton, Lindsay M.	218	Columbia
Thornton, Michael K.	106	St. Peters
*Thornton, Russell J.	118	Higginsville
Thorpe, William P.	042	Cape Girardeau
Threats, Susan C.	190	St. Louis
Throne, Ben J.	125	Gig Harbor, WA
Thyssen, Erik P.	190	St. Louis
Tice, Wayne K.	125	Lee's Summit
Tichenor, Robert W.	190	Fenton
Tiefenbrunn, Sharon F.	190	St. Louis
Tiemann, James H.	002	Lee's Summit
Tietjen, Fred O.	120	Osage Beach
Till, Bennie N.	034	Poplar Bluff
Tillema, David A.	125	Lee's Summit
Tilley, Ann	222	St. Louis

*Doctor of Osteopathy

Tillinghast, Jeffrey P.	190	St. Louis
Tillman, Mary A.	190	St. Louis
Tilzer, Seth	190	Florissant
Timothy, Jeremy S.	216	St. Louis
Tindall, Robert N.	190	Punta Gorda, FL
Ting, Matthew H.	082	Springfield
Tinsley, John C.	026	Columbia
Tiojanco, Milagros E.	125	Kansas City
Tippett, Jack C.	190	St. Louis
Tittel, Paul D.	222	Colby, KS
Titterington, Frank W.	125	Kansas City
Tluczek, Heather M.	224	Independence
Tobey, Albro C., Jr.	190	St. Louis
Tobin, Gregory A.	042	Cape Girardeau
Tobin, Marla J.	110	Warrensburg
Tobin, Robert F.	030	St. Joseph
Tobler, Jerry	190	Ballwin
Tobler, Randall W.	190	St. Louis
Tompson, Richard G.	206	West Plains
Tompson, Robert V.	046	Moberly
Tonnes, Alicia M.	216	Manchester
Toombs, James D.	085	Springfield
Torgenson, Marcus J.	222	St. Louis
Torontow, R. John	214	Nevada
Toroslo, Cigdem	218	Columbia
Torrence, Ralph J.	190	Chesterfield
Tosh, Aneesh K.	218	Columbia
Totty, William G.	190	St. Louis
Toubes, Daniel B.	125	Kansas City
Towery, Derek S.	102	Joplin
Towle, Dana R.	050	Kansas City
Townsend, Patrick W.	125	Kansas City
Toy, Karen L.	178	Sedalia
Tracy, Michael D.	206	Houston
Trammell, Lee W.	026	Columbia
Tramp, Casey K.	126	Olathe, KS
Tran, Minh-Thu W.	218	Columbia
Traub, Michael	216	Brentwood
Trentham, Orin P., III	102	Joplin
Trimble, George X.	125	Kansas City
Trinidad, Hermanito R.	078	Chillicothe
Tripathi, Hina H.	220	Blue Springs
Tripathy, Sanchayita	135	Rolla
Triplett, Daniel A.	050	Liberty
Triska, Roland A.	190	St. Louis
Tritt, Kelley L.	218	Columbia
Tritz, Denise M.	058	Jefferson City
Tritz, James F.	058	Jefferson City
Troop, Bryan R.	190	St. Louis
Trotta, Philip C.	190	St. Louis
Trotter, Francis O., Jr.	190	Carrollton
Trotter, W. Yates	082	Springfield
True, John H.	034	Poplar Bluff
Trueblood, Michael C.	042	Cape Girardeau
Trugly, Edith S.	190	St. Louis
Truman, Melody J.	218	Columbia
Trumbower, William D.	026	Columbia
Truog, William E.	125	Kansas City
Truong, Thomas N.	224	Gladstone
Trygg, Kelly A.	066	Springfield
Tsai, Linda	190	St. Louis
Tsang, John L.	082	Las Vegas, NV
Tsifutis, Argyrios A.	190	St. Louis
Tsue, Terance T.	002	Kansas City, KS
Tuck, Janna M.	042	Cape Girardeau
Tucker, Dolores R.	190	Chesterfield
Tucker, George L.	190	Town & Country
Tucker, Leslie E.	207	Washington
Tucker, Robert E.	190	St. Louis
Tungesvik, Mark M.	218	Jefferson City
Tuohy, Gerald F.	125	Leawood, KS
Tupper, Joel	102	Joplin
Turano, William L.	125	Raytown
Turfboer, Robert	102	Charlottesville, VA
Turgeon, Ronald P.	190	St. Louis
Turnbaugh, Thomas R.	058	Jefferson City
***Turner, Davin G.**	030	St. Joseph
Turner, Glenn O.	082	Springfield
Turner, James D.	207	Washington
Turner, Jane W.	190	St. Louis
Turner, Kirby L.	034	Poplar Bluff
Turner, Lanny M.	190	St. Louis
Turner, Michael L.	034	Poplar Bluff
***Turner, Timothy T.**	002	Barrington, IL
Turner, William A.	214	Nevada
***Turpin, F. Duane**	190	Bridgeton
Tutar, Ali	126	Daly City, CA
Tuteur, Peter G.	190	St. Louis
Tuttle, Jay F.	138	Creve Coeur
Twyman, Michael	216	St. Louis
Tycast, James F.	216	Anoka, MN

U

Uhlemann, John H.	189	St. Charles
Uhlemeyer, Henry A.	190	St. Louis
Uhrig, Jack R.	198	Marshall
Uketui, Immanuel	030	St. Joseph
Ulbrich, Jamie G.	198	Marshall
***Umfleet, Jeffrey C.**	042	Cape Girardeau
Underwood, Dick H.	125	Leawood, KS
Underwood, Johnson, III	050	N. Kansas City
Unger, Benjamin D.	222	St. Louis
Ungewickel, Alexander	222	St. Louis
Ungvari, Joseph C.	190	Naples, FL
Unterman, Steven R.	125	Kansas City
Unwin, Donald R.	190	St. Louis
Uy, Geoffrey	222	St. Louis

V

Vacca, Joseph B.	190	St. Louis
Vajaranant, Manit	118	Lexington
Vale, Janie R.	026	Columbia
Vallurupalli, Vijayalakshmi	190	Bridgeton
Valuck, Richard P., Jr.	150	Hannibal
Van Amburg, Albert L., III	190	Chesterfield
Van Buskirk, William C.	125	Shawnee Mission, KS
Van Dyke, Elmer H.	178	Sedalia
Van Norman, Robert T.	190	St. Louis
Van Ryn, Jacques S.	190	Bridgeton
Van Way, Charles W., III	125	Kansas City
Van Zanten, Niko A.	214	Osceola
Vandenberg, Kathryn C.	224	Kansas City
Vandenbrul, Robin L.	218	Columbia
Vandewalker, Mark L.	026	Columbia
Vandivort, Paul M., Jr.	190	St. Louis
Vandover, John T.	190	St. Louis
Vanriessen, James E.	218	Columbia
VanGoidsenhoven, Guy E.	190	St. Louis
VanVoorn, Catherine M.	026	Columbia
Varma, Devendra K.	034	Poplar Bluff
Vas, Wenzel G.	190	St. Louis
Vaslow, Dale F.	058	Jefferson City
Vatterott, Paul B., Jr.	190	Chesterfield

Vaughn, James W.	125	Overland Park, KS
Vaughters, Frank M.	125	Kansas City
Veitch, John M.	102	Joplin
Velander, Robert D.	125	Blue Springs
Velasco, Ernesto T.	190	St. Louis
Veligati, Padma	030	St. Joseph
Vellck, Mark J.	026	Columbia
Vemulakonda, Guranadh A.	222	St. Louis
Venneman, Charles R.	125	Kansas City
Verde, Julian N.	190	St. Louis
Vergara, Gerardo G.	125	Kansas City
Vernon, John	218	Columbia
Veronikis, Dionysios	190	St. Louis
Verzola, Eufemio G.	106	Herculaneum
Vest, James C.	190	Chesterfield
***Vialle, Gene M.**	125	Kansas City
Vibulakaopun, Pairat	138	Bonne Terre
Vickar, Garry M.	190	Florissant
Vierling, Stephen E.	190	St. Louis
Viero, Laura M.	216	St. Louis
Vierra, Michael J.	120	Osage Beach
Viers, Wayne A.	190	St. Louis
Vijungco, Jose G.	190	St. Louis
Villahermosa, Juanito L.	010	Savannah
Villamar, Elizabeth N.	190	St. Louis
Villanueva, Angela A.	125	Overland Park, KS
Villarama, Antonio P.	190	St. Louis
Vilmer, Charles E.	050	Polo
Vilmer, Stephen E.	050	N. Kansas City
Viril, Leonardo C.	125	Kansas City
Vitale, Thomas J., Jr.	190	St. Louis
Vivian, Gary D.	189	St. Louis
Viviano, Joseph G.	190	St. Louis
Vo, Thuy-Lieu T.	190	St. Louis
Vogt, Douglas	026	Columbia
Vogt, Eric I.	218	Columbia
Vos, Jeremy	222	St. Louis
Voszler, Richard B.	042	Cape Girardeau
Voth, Harold W.	125	Shawnee Mission, KS

W

Wachter, Ronald M.	082	Springfield
Wade, Kim C.	125	Kansas City
Wade, Scott A.	030	St. Joseph
Wadley, Jeff	178	Sedalia
Wadlow, Ernest E.	030	Phoenix, AZ
Wadsworth, Deborah T.	190	St. Louis
Waeckerle, Denise K.	125	Leawood, KS
Waeckerle, Joseph F.	125	Leawood, KS
Wagan, Primitiva C.	190	St. Louis
Waggoner, Charles M.	026	Columbia
Waggoner, Sharon E.	030	St. Joseph
Wagner, Daniel G.	190	Chesterfield
Wagner, Hope	218	Rocheport
Wagner, Jason M.	218	Columbia
Wagner, John R.	190	St. Louis
Wagoner, Chad	218	Columbia
Waheed, Shahid	014	Mexico
Wakefield, Mark R.	027	Columbia
Wakeman, Newt., Jr.	082	Springfield
***Wakwaya, Temesgen**	050	Kansas City
Wald, Stanley M.	190	St. Louis
Walden, David T.	002	St. Louis
Walden, James M.	125	Kansas City
Waldman, Zev L.	222	St. Louis
Waldo, John P.	042	Cape Girardeau
Waldrop, Devin V.	216	Brentwood
Waldrop, Kevin L.	216	Brentwood
Waldschmidt, Mike L.	125	Liberty
Walentik, Corinne	190	St. Louis
Walker, Francis S.	190	St. Louis
Walker, Gary K.	082	Springfield
Walker, Gregory E.	125	Independence
Walker, Harvey, Jr.	190	St. Louis
Walker, J. Clinton	222	St. Louis
Walker, James "Kendall"	218	Columbia
Walker, Orville C.	125	Independence
Walker, Randal E.	190	Ballwin
Walker, William M.	082	Rogersville
Wall, Harry C.	125	Shawnee Mission, KS
Wall, Joe A.	206	Houston
Wall, Leonard A.	125	Shawnee Mission, KS
Wall, Norman R.	082	Springfield
Wallace, Darryl L.	125	Kansas City
Wallace, Erik	222	St. Louis
Wallace, Ernest M.	218	Columbia
Walley, Lynn J.	150	Hannibal
Walline, T. Andrew	125	Kansas City
Walls, Endia	218	St. Louis
Walls, Kelvin	125	Independence
Walsh, Barbara A.	190	St. Louis
Walsh, James W.	190	St. Louis
Walsh, Mark	222	St. Louis
Walsh, Rhonda M.	218	Columbia
Walsh, Richard J.	030	St. Joseph
Walters, Frederick P.	190	St. Louis
***Walton, Frank C.**	206	West Plains
Walz, Bruce J.	190	St. Louis
Wan, Shaw P.	135	Rolla
Wang, Helena H.	058	Jefferson City
Wang, Lilian	222	St. Louis
Wang, Lucase H.	220	Gladstone
Wankum, Robert P.	058	Jefferson City
Wantuck, Donald K.	082	Springfield
Ward, Brian W.	218	Columbia
Ward, Joe W.	042	Cape Girardeau
Ward, Mark R.	082	Springfield
Wardell, M. Annette	082	Springfield
Waring, J. Michael	125	Kansas City
Warren, Andrea P.	224	Kansas City
Warren, Ronda Lynn	125	Kansas City, KS
Wartman, Lukas D.	222	St. Louis
***Wasserman, Gary S.**	125	Kansas City
Wasserman, Mark S.	190	St. Louis
Waterfield, Jim R.	082	Springfield
Waterman, Franklin M.	050	Liberty
Waters, Hugh R.	190	Chesterfield
Wathanacharoen, Suchint	125	Kansas City
Watkins, George L.	138	Rancho Santa Fe, CA
Watson, Michael E., Jr.	218	Columbia
Watson, R. Alan	030	St. Joseph
Watson, Trevor F.	026	Columbia
Watts, Byron E.	058	Jefferson City
Watts, Jennifer L.	216	St. Louis
Watts, Samuel M.	166	Mt. Vernon
Wax, Martin B.	190	St. Louis
Waxelman, Roger J.	190	Ballwin
Waxman, Jane Z.	125	Lenexa, KS
Waxman, Joel E.	082	Springfield
Wayne, Sherwyn J.	190	St. Louis
Wear, Desha C.	216	St. Louis
Weaver, Jason A.	216	Omaha, NE
Weaver, Mark E.	082	Springfield

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*Doctor of Osteopathy

***Webb, James J.**	Joplin	102
Webb, John M.	Kansas City	125
Webb, Paul B., Jr.	St. Louis	190
Weber-Bornstein, Nancy	Cape Girardeau	042
Weeks, Amanda	St. Louis	222
Weems, Danielle	St. Louis	222
Weems, Deborah A.	St. Joseph	030
Weick, Raymond	Columbia	218
Weidt, Laura N.	Columbia	218
Weiford, Edward C.	Shawnee Mission, KS	125
Weigand, Robert T.	St. Joseph	030
Weiler, Thomas J.	Chesterfield	190
Weinand, Ernest E.	Tucson, AZ	030
Weiner, Scott J.	Cape Girardeau	042
Weinstein, Charles L.	Kansas City	125
Weinstein, David L.	St. Louis	190
Weinstein, Stephen H.	Columbia	026
Weinstock, Leonard B.	St. Louis	190
Weis, Ronald R.	Leawood, KS	125
Weiss, Howard	St. Louis	190
Weiss, James J.	Jefferson City	058
Weiss, James M.	Columbia	026
***Weiss, Randy B.**	Joplin	102
Weiss, Stuart	St. Louis	190
Welch, Kristen I.	St. Louis	222
Weldon, Virginia V.	St. Louis	190
Weltmer, John B., Jr.	St. Louis	190
Wempe, George R.	Rio Verde, AZ	158
Wempe, Michael J.	St. Joseph	030
Wenger, Joy M.	Columbia	218
Werner, Caroline A.	Florissant	190
Werner, Dean F.	Kansas City	050
Werner, F. Scott	N. Kansas City	050
Werner, Jason	University City	218
Werner, William A.	St. Louis	190
Werth, Joseph A.	Jefferson City	058
***Wescott, Thomas P.**	Holden	110
West, Harold D.	Independence	125
Wester, William T.	Springfield	002
Westerfeld, Roy A.	St. Charles	189
Westerman, Robert N.	St. Louis	190
Westfall, Scott G.	St. Louis	190
Westfall, Susan H.	St. Louis	190
Westgate, Steven J.	Columbia	026
Westrich, David J.	Cape Girardeau	042
Westrich, Jennifer L.	Hazelwood	216
Wethers, Darren E.	St. Louis	190
Wetzel, C. Robert	Clinton	086
Wetzel, Gus S.	Clinton	086
Wexler, Stephen A.	St. Louis	190
Weyerich, Noel F.	St. Louis	190
Weyman, Philip J.	Chesterfield	190
Wheeler, Camilla A.	Jefferson City	058
Wheeler, Charles B.	Kansas City	125
Wheeler, Eden	Kansas City	125
Wheeler, Paul D.	Liberty	050
Wheeler, Robert L.	Harrisonville	214
Whitaker, James H.	Kansas City	125
White, Brad C.	St. Louis	190
White, Bruce I.	St. Louis	190
White, Charles H.	Shawnee Mission, KS	125
White, Daniel V.	St. Louis	195
White, Eugene F.	Rolla	135
White, Newton B.	St. Louis	190
White, Robert L., III	St. Louis	222
White, William L.	Kansas City	125
Whitener, Miles C.	St. Louis	190
Whitesell-Neely, Angie	Columbia	218
Whiteside, Leo A.	St. Louis	190
Whiting, Richard B.	St. Louis	190
Whitlock, Courtney	Springfield	082
Whitman, Daniel S.	Kansas City	125
Whitmore, J. Stewart	Washington, NC	125
Whittaker, Thomas J.	Kansas City	125
Whitten, J. Stephen	Cape Girardeau	042
Whitten, M. Foster	Carthage	102
Whittico, James M.	St. Louis	190
Wible, Jerry C.	Springfield	082
Wice, Martin B.	St. Louis	190
Wiehman, Jeffrey R.	St. Louis	216
Wieder, Richard H.	St. Louis	190
Wiegand, Herbert C.	St. Louis	190
Wilbers, Raymond H.	Mexico	014
Wilbois, Ronald P.	St. Louis	190
Wild, Alan P. K.	Chesterfield	190
Wilhite, Tria K.	Shelbyville	150
Wilkins, Kip R.	Rock Hill	216
Wilkins, Thomas L.	Kansas City	050
Wilkinson, David	St. Louis	190
Wilkinson, Everett A.	Overland Park, KS	125
Will, Joshua S.	Kansas City	224
Willcoxon, Robert L.	Joplin	102
Willey, Marianne	St. Louis	222
Williams, C. Mark	Kansas City	125
Williams, Carol F.	St. Louis	190
Williams, Craig W.	Cape Girardeau	042
Williams, Fred	Columbia	026
Williams, John W., IV	Springfield	002
Williams, Joseph	St. Louis	190
Williams, Kelly	St. Louis	216
Williams, Kimberly	Dallas, TX	222
Williams, Michael D.	Columbia	218
Williams, Paul A.	Kansas City	125
Williams, Paul A.	St. Louis	002
Williams, R. Jerome, Jr.	St. Louis	190
Williams, R. Jerome, Sr.	St. Louis	190
Williams, Rick W.	Ozark	082
Williams, Starks J.	Kansas City	125
Williams, Todd L.	Joplin	102
Williams, W. A., Jr.	Newton, KS	042
Williamson, George L.	Scottsdale, AZ	050
Williamson, Harold A.	Columbia	026
Willis, David	St. Louis	222
Willis, John J.	Columbia	218
Willman, Charles R.	Springfield	030
Willman, Martin L.	St. Charles	189
Wills, Theodore E.	Columbia	026
Willumsen, Henry C.	St. Joseph	030
Wilmas, John H.	St. Louis	216
Wilson, Bryan D.	Overland Park, KS	050
Wilson, David E.	Kansas City	050
Wilson, George P.	Columbia	026
***Wilson, James W.**	Springfield	082
Wilson, Roy E.	Springfield	082
Wilson, Timothy A.	Kansas City	050
Wilson, W. Tad	Independence	125
Wilson, William R., Jr.	Columbia	026
Wilt, David A.	Kansas City	125
Wimmer, Warren J.	Florissant	190
Windmiller, M. Eugene	Columbia	026
Winer, Herbert J.	Kansas City	125
Winkelman, Gail L.	Columbia	218

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Winkelmann, Mary K.	Independence	126
Winkelmeyer, William K.	Columbia	026
Winkler, Lisa A.	Stanley, KS	125
Winkler, Terry	Springfield	082
Winship, Daniel H.	Columbia	026
Winsky, Arlen D.	Springfield	082
Winter, Tyrus D.	St. Louis	190
Winton, Mark D.	Jefferson City	058
Wipfler, Earl J.	St. Charles	189
Wise, Morris F.	Kansas City	125
Wissner, Seth E.	St. Louis	190
Withrow, John B.	Kansas City	050
Witte, Bruce H.	Chesterfield	002
Witten, David M.	Columbia	026
Wittgen, Edward M.	St. Louis	190
Wittmer, Marc R.	Springfield	082
Wolaniuk, Anna C.	St. Charles	190
Wolf, Jack W.	Kansas City	125
Wolfe, Edward M.	St. Louis	190
Wolfe, James B.	Springfield	082
Wolff, Andrew B.	St. Louis	222
Wolff, Gerald A.	Tuscon, AZ	190
Wolff, Harold D.	St. Louis	190
Womack, Stephanie E.	Columbia	026
Won, Russell	St. Louis	190
Wonder, Donald	Branson	208
Wood, John A.	Chesterfield	190
Wood, Thomas O.	Poplar Bluff	034
Woodberry, Kerri M.	St. Louis	190
Woodley, Michele C.	St. Louis	190
Woodruff, Lauren	St. Louis	222
***Woods, Brenda L.**	Hartsburg	058
Woodson, Mark E.	St. Louis	190
***Woodward, Owen L.**	Atlanta	046
Woodward, William W.	Holiday Island, AR	125
Woody, Matthew B.	N. Kansas City	125
***Woody, Susan A.**	Kansas City	126
Wool, Gerald	St. Louis	190
Wooldridge, Rachel D.	Shawnee, KS	220
Woolery, William G.	Sedalia	178
Woolsey, Joyce E.	St. Louis	190
Wooten, Michael B.	Springfield	082
Workman, George M.	Hermann	207
Worth, Eugene R.	Columbia	026
Wortmann, Robert F.	Hilton Head Isl, SC	125
Wotawa, William J.	St. Louis	190
Wright, Alisha R.	N. Kansas City	224
Wright, Andy J.	Springfield	082
Wright, Jeffrey M.	St. Louis	190
***Wright, Michael D.**	St. Joseph	030
***Wright, Robert A.**	St. Louis	190
Wright, William P.	St. Louis	190
Wu, Thomas Y.	St. Louis	222
Wu, William Q.	Prairie Village, KS	125
Wuellner, David H.	Sedalia	178
Wulfers, Michael C.	Cape Girardeau	042
Wunsch, Hannah	Cambridge, MA	222
Wurm, Michael J.	Maryville	158
Wurr, Dieter H.	St. Louis	190
Wurster, Jerry B.	Kansas City	125
Wurster, W. Joel	Parkville	125
Wyatt, Ursula	Columbia	218
Wyrsch, Leo M.	Springfield	082

Y

Yahnke, David G.	Farmington	138
Yalavarthi, Kishan	Kansas City	126
Yang, H. Kell	Columbia	026
Yang, John S.	Ste. Genevieve	174
Yang, Roberta K.	St. Louis	222
Yanover, Robert A.	St. Charles	190
Yarbro, John W.	Columbia	026
Yardeni, Dayna	St. Louis	216
Yasul, Jose I.	St. Louis	216
Yates, Charles L.	Columbia	026
Yates, Karen	Cape Girardeau	042
Yeast, John D.	Kansas City	125
Yedlin, Jay H.	Kansas City	125
Yeh, Peter	St. Louis	222
Yeh, Richard T.	St. Louis	216
Yen, Andrew C.	St. Louis	216
Yeoh, Cindy	St. Louis	222
Yerra, Shanti S.	Springfield	082
Yingling, David G.	Cape Girardeau	042
***Yocum, Russell S.**	Platte City	125
Yoder, Jeffrey	St. Louis	222
Yoo, Albert	St. Louis	222
Yoon, Jin S.	Chillicothe	078
Yoon, Kong-Woo	St. Louis	190
Youmans, Ronald A.	Prairie Village, KS	125
Young, Patricia A.	Leawood, KS	050
Young, Paul H.	St. Louis	190
Young, Robert A.	Chesterfield	190
Young, Robert B.	Rolla	135
Young, Thomas W.	Kansas City	125
Youngblood, James P.	Kansas City	125
Youngren, Linda S.	Mountain Grove	206
Yoxall, Kelly E.	Kansas City	125
Yu, Hwei-Ju A.	Columbia	218
Yu, Mario K.	Kansas City	125
Yu, Simon M.	St. Louis	190
Yuen, Benjamin H.	Cape Girardeau	042
Yung, Katherine	St. Louis	222

Z

Zacharias, Kulangara P.	Columbia	026
Zahn, Robert L.	Ozark	082
Zanol, Karen E.	Columbia	026
Zehnder, Kenneth W.	St. Louis	190
Zeigler, Joseph M.	St. Louis	190
Zeigler, Katherine L.	St. Louis	216
Zekert, Horst	St. Louis	190
Zemany, Laura	St. Louis	222
Zerr, Charles H.	Independence	125
Zerrer, Jason D.	Columbia	218
Ziegler, Robert E.	St. Louis	190
Ziemianski, Matthew C.	Kansas City	125
Zimmer, Kim D.	Columbia	218
Zimmerman, Amy C.	Columbia	218
Zimmerman, Hannah	Overland Park, KS	220
Zimmerman, Herbert B.	St. Louis	190
Ziton, Laura K.	Overland Park, KS	224
Zitsch, Robert P., III	Columbia	026
Zivnuska, Frederick R.	St. Louis	190
Zoller, David D.	Blue Springs	125
Zujko, Richard D.	Rolla	135
Zukowski, Edward T.	Chesterfield	190
Zurowski, Susan M.	Columbia	026
Zylka, J. Michael	St. Louis	190

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*Doctor of Osteopathy

There is help for the impaired physician.

Missouri Physicians Health Program

sponsored by MISSOURI STATE MEDICAL ASSOCIATION

Healing the whole physician.

The Missouri Physicians Health Program, sponsored by the Missouri State Medical Association, is available to help physicians who have life problems, including substance abuse, mental health stress, and other issues which prevent them from functioning at their best.

The aim of MPHP is to facilitate the physician's return to healthy personal and professional functioning through early identification, intervention, and treatment.

Studies suggest that each year 1% of the physician population will become sufficiently impaired to require treatment. The cumulative lifetime risk is estimated to be 10% to 20%.

If you suspect that you, a colleague, a friend or a relative is impaired, call our confidential assistance hotline.

The questions which will be asked are those which are necessary to enable us to objectively verify that a problem exists, assess the situation, and plan the best course of action for the impaired physician.

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Hotline: 1.800.274.0933
In St. Louis: 314.995.4990
Answered 24 Hours

3839 Lindell Boulevard
St. Louis, MO 63108
Fax: 314.652.6033

Remember, MPHP can help only if you are willing to call. Don't wait until it's too late. A life or lives may depend upon your timely action.

Primary Specialty Codes

AS	Abdominal Surgery
ADM	Addiction Medicine
ADP	Addiction Psychiatry
AMI	Adolescent Medicine (Internal Medicine)
ADL	Adolescent Medicine (Pediatrics)
OAR	Adult Reconstructive Orthopedics
AM	Aerospace Medicine
A	Allergy
AI	Allergy & Immunology
ALI	Clinical Laboratory Immunology (Allergy & Immunology)
PTH	Anatomic/Clinical Pathology
ATP	Anatomic Pathology
AN	Anesthesiology
BBK	Blood Banking/Transfusion Medicine
ICE	Clinical Cardiac Electrophysiology
CTS	Cardiothoracic Surgery
CD	Cardiovascular Disease
CDS	Cardiovascular Surgery
PCH	Chemical Pathology
CHP	Child and Adolescent Psychiatry
CHN	Child Neurology
CBG	Clinical Biochemical Genetics
CCG	Clinical Cytogenetics
CG	Clinical Genetics
DDL	Clinical and Laboratory Dermatological Immunology
ILI	Clinical and Laboratory Immunology (Internal Medicine)
PLI	Clinical and Laboratory Immunology (Pediatrics)
CMG	Clinical Molecular Genetics
CN	Clinical Neurophysiology
CLP	Clinical Pathology
PA	Clinical Pharmacology
CRS	Colon & Rectal Surgery
CFS	Craniofacial Surgery
CCA	Critical Care Medicine (Anesthesiology)
CCM	Critical Care Medicine (Internal Medicine)
NCC	Critical Care Medicine (Neurological Surgery)
OCC	Critical Care Medicine (Obstetrics & Gynecology)
PCP	Cytopathology
D	Dermatology
DMP	Dermatopathology
DS	Dermatologic Surgery
DIA	Diabetes
DR	Diagnostic Radiology
EM	Emergency Medicine
END	Endocrinology, Diabetes and Metabolism
EP	Epidemiology
FPS	Facial Plastic Surgery
FP	Family Practice
FOP	Forensic Pathology
PFP	Forensic Psychiatry
GE	Gastroenterology
GP	General Practice
GPM	General Preventive Medicine
GS	General Surgery
FPG	Geriatric Medicine (Family Practice)
IMG	Geriatric Medicine (Internal Medicine)
PYG	Geriatric Psychiatry
GYN	Gynecology
GO	Gynecological Oncology
HS	Hand Surgery
HNS	Head & Neck Surgery
HEM	Hematology (Internal Medicine)
HMP	Hematology (Pathology)
HO	Hematology/Oncology
HEP	Hepatology
IG	Immunology
PIP	Immunopathology
ID	Infectious Disease
IM	Internal Medicine
MPD	Internal Medicine/Pediatrics
LM	Legal Medicine
MFM	Maternal & Fetal Medicine
MXR	Maxillofacial Radiology
MFS	Maxillofacial Surgery
MG	Medical Genetics
MDM	Medical Management
MM	Medical Microbiology
ETX	Medical Toxicology (Emergency Medicine)
PDT	Medical Toxicology (Pediatrics)
PTX	Medical Toxicology (Preventive Medicine)
OMO	Musculoskeletal Oncology
NPM	Neonatal-Perinatal Medicine
NEP	Nephrology
N	Neurology
NRN	Neurology/Diagnostic Radiology/Neuroradiology
NS	Neurological Surgery
NP	Neuropathology
RNR	Neuroradiology
NM	Nuclear Medicine
NR	Nuclear Radiology
NTR	Nutrition
OBS	Obstetrics
OBG	Obstetrics & Gynecology
OM	Occupational Medicine
ON	Oncology
OPH	Ophthalmology
ORS	Orthopedic Surgery
OSS	Orthopedic Surgery of the Spine
OTR	Orthopedic Trauma
OFA	Foot and Ankle, Orthopedics
OMM	Osteopathic Manipulative Medicine
OTO	Otolaryngology
OT	Otology/Neurotology
APM	Pain Management (Anesthesiology)
PMD	Pain Medicine
PLM	Palliative Medicine
PTH	Pathology
PDA	Pediatric Allergy
PAN	Pediatric Anesthesiology (Pediatrics)
PDC	Pediatric Cardiology
CCP	Pediatric Critical Care Medicine
PE	Pediatric Emergency Medicine
PEM	Pediatric Emergency Medicine (Pediatrics)
PDE	Pediatric Endocrinology
PG	Pediatric Gastroenterology
PHO	Pediatric Hematology/Oncology
PDI	Pediatric Infectious Disease
PN	Pediatric Nephrology
PO	Pediatric Ophthalmology
OP	Pediatric Orthopedics
PDO	Pediatric Otolaryngology
PP	Pediatric Pathology
PDP	Pediatric Pulmonology
PDR	Pediatric Radiology
PPR	Pediatric Rheumatology
NSP	Pediatric Surgery (Neurology)
PDS	Pediatric Surgery (Surgery)
UP	Pediatric Urology
PD	Pediatrics
PM	Physical Medicine & Rehabilitation
PS	Plastic Surgery
PRO	Proctology
P	Psychiatry
PYA	Psychoanalysis
MPH	Public Health and General Preventive Medicine
PCC	Pulmonary Critical Care Medicine
PUD	Pulmonary Disease
RO	Radiation Oncology
RP	Radiological Physics
R	Radiology
RIP	Radioisotopic Pathology
REN	Reproductive Endocrinology
RHU	Rheumatology
SP	Selective Pathology
SM	Sleep Medicine
SCI	Spinal Cord Injury
ESM	Sports Medicine (Emergency Medicine)
FSM	Sports Medicine (Family Practice)
ISM	Sports Medicine (Internal Medicine)
OSM	Sports Medicine (Orthopedic Surgery)
PSM	Sports Medicine (Pediatrics)
CCS	Surgical Critical Care (Surgery)
SO	Surgical Oncology
TR	Therapeutic Radiology
TS	Thoracic Surgery
TRS	Trauma Surgery
TTS	Transplant Surgery
UM	Underseas Medicine
U	Urology
VIR	Vascular and Interventional Radiology
VM	Vascular Medicine
VS	Vascular Surgery

In addition to the above, the following specialty designations are also used:

OS	Other (i.e., a specialty other than those appearing above)
US	Unspecified

Membership Roster by Primary Specialties

(Including name of city and code number of each member's component medical society.)

Allergy (A)

Berdy, Susan S.	190	St. Louis
Bloomberg, Gordon R.	190	Chesterfield
Caldwell, Joseph L.	082	Springfield
Cooper, Barry J.	190	St. Louis
Loren, Michael L.	125	Independence
McMorrow, Nora K.	190	St. Louis
Miles, Wayne B.	082	Springfield
Nguyen, Helen T.	030	St. Joseph
Payne, David E.	026	Columbia
Stricker, William E.	135	Rolla
Thiel, J. Allen	190	St. Louis
Vandewalker, Mark L.	026	Columbia
Wood, John A.	190	Chesterfield
Wright, Jeffrey M.	190	St. Louis

Allergy & Immunology (AI)

Critchlow, Michael E.	042	Cape Girardeau
Dankner, Rand E.	190	Chesterfield
Kanarek, Henry L.	125	Kansas City
Korenblat, Phillip E.	190	St. Louis
Landwehr, Lawrence P.	110	Warrensburg
Lux, Gregory K.	082	Springfield
Onder, Robert F.	190	St. Louis
***Sacha, Robert F.**	042	Cape Girardeau
Straub, David L.	102	Joplin
Tillinghast, Jeffrey P.	190	St. Louis
Tuck, Janna M.	042	Cape Girardeau

Anesthesiology (AN)

Abada, Rolando	190	Ballwin
Adams, Riley R.	042	Cape Girardeau
Almuttar, Wasif F.	158	Maryville
***Anderson, Terry D.**	125	Kansas City
Arnold, Donald E.	190	St. Louis
Axness, Mark E.	082	Springfield
Bagby, Jack M., Jr.	082	Springfield
***Baker, Jay P.**	082	Springfield
Bashyakarla, Rajeeva K.	102	Joplin
Batan, Ruby L.	190	Chesterfield
Baudendistel, Lawrence J.	190	St. Louis
Behbahani, Parviz M.	190	Bridgeton
Bell, Stephen	190	St. Louis
Bernard, Lisa	125	Kansas City
Berry, Hugh G., II	002	Chesterfield
Binda, Robert E.	125	Kansas City
Blum, Carol A.	002	Excelsior Spgs.
Bollier, Barbara G.	002	Kansas City
Booton, Derek V.	125	Kansas City
Bowenschulte, Bradley A.	082	Springfield
Bowser, Robert L.	050	Independence
Brazil, Maria J.	190	Pacific
Brigden, Robert B.	102	Neosho
Brown, Freeman F., III	190	Ballwin
Buchele, Sheila Marie	102	Joplin
Bucol, Kevin D.	190	St. Louis
Bult, Mark J.	082	Springfield
Butterfield, Mari Anne	125	Lee's Summit
Caldwell, Jane	002	Kirkwood
Casement, Brian A.	125	Kansas City
Cerza, Robert F.	042	Cape Girardeau
Chang, Chil K.	026	Columbia
Chang, Gregory S.	190	St. Louis
Charapata, Steven G.	125	Kansas City
Chien, David W.	190	Chesterfield
Chunduri, Krishna R.	190	St. Louis
***Ciliberti, John A.**	050	Kansas City
Cobb, Milton L.	190	St. Louis
Cohen, Harry B.	014	Columbia
Cole, Donald E.	026	Columbia
Coleman, Kevin A.	190	St. Louis
***Corzine, John J.**	030	St. Joseph
Couper, Nicholas B.	026	Columbia
Criscione, James S.	190	St. Louis
Crocker, Michael A.	002	Kansas City
Crumpacker, Rex K.	102	Joplin
Cunningham, Milamari A.	026	Columbia
Daily, James M.	082	Springfield
***Daniels, William B.**	125	Leawood, KS
Danner, Shavonne L.	125	Kansas City
***Davis, Larry E.**	050	N. Kansas City
***Delaney, Adrain J., Jr.**	125	Kansas City
DeBoard, James W.	190	St. Louis
DeCosta, Thomas	190	St. Louis
***DeLucia, Joseph A.**	138	Farmington
Dolan, Patrick H.	190	Ballwin
Dunteman, Edwin D.	002	Chesterfield
Ellis, S. Christopher	125	Overland Park, KS
Esther, John W.	002	Springfield
Faszholz, Mark S.	190	Chesterfield
Fibuch, Eugene E.	125	Kansas City
***Fisher, Robert B.**	026	Columbia
Flores, Jhonson E.	190	Chesterfield
Fogel, Steven T.	190	Chesterfield
Foote, Daniel D.	082	Springfield
Forand, Joseph M.	190	St. Louis
Forstot, Robert M.	190	St. Louis
Friedman, Michael J.	026	Columbia
Fromme, Glenn A.	082	Springfield
Fryer, Dorothy S.	190	St. Louis
Gholkar, Vijay R.	125	Kansas City
Gibbons, James J.	190	St. Louis
Gibbons, Robert T., Jr.	125	Kansas City
Gibson, William P.	190	Chesterfield
Gilliland, Craig	002	Kansas City
Ginsberg, Fred B.	190	Swansea, IL
Glenski, James A.	125	Kansas City
Graham, John D.	190	St. Louis
Granberg, Steven J.	190	St. Louis
Guarino, Anthony H.	190	St. Louis
Gunderson, Jeffrey K.	082	Springfield
Gurba, Carol L.	125	Kansas City
Guy, Cynthia S.	190	St. Louis
Hagen, Douglas W.	125	Kansas City
Hahn, Steven L.	002	St. Louis
Hari, Magaral S.	102	Joplin
Heise, Julie R.	125	Kansas City
Hendershot, Richard J.	125	Olathe, KS
Herold, Robert E.	189	St. Charles
Hervey, William H.	125	Kansas City
Hill, Michael L.	102	Joplin
Holloway, Robert B.	190	St. Louis
Holtmann, Barbel	190	St. Louis
Holzum, Donna	002	Chesterfield
Horacek, Jeri L.	082	Springfield
Huff, Kalaichelvi R.	102	Joplin

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*Doctor of Osteopathy

Hull, Timothy A.	125	Kansas City
Israel, Atef F.	125	Kansas City
Iwane, Akira	190	Chesterfield
Janeczko, Gregory F.	082	Springfield
Jenkins, James J.	190	St. Louis
Jones, Robin R.	026	Columbia
Jorgensen, Eric D.	026	Columbia
Joshi, Surekha K.	190	St. Louis
Kelly, James B.	125	Kansas City
Kenney, John D., III	125	Kansas City
***Kesseler, Randall G.**	206	Mountain Grove
King, James A.	002	Des Peres
Kiyanclar, M. Emin	190	St. Louis
Knop, Kevin F.	002	Liberty
Kohm, Mary Jane F.	002	Ladue
Kulkarni, Nandini S.	190	St. Louis
Kussman, Mary E.	002	St. Louis
Lampert, Benjamin A.	082	Springfield
Landrum, Alice L.	026	Columbia
Laughlin, Thomas P.	125	Kansas City
Lawson, Noel W.	026	Columbia
Lee, Leander K.	190	St. Louis
Lerner, Bruce	125	Independence
***Logston, David G.**	082	Springfield
Lonergan, James H.	125	Kansas City
Lytle, Michael F.	125	Shawnee Mission, KS
Maddipati, Sreedevi	190	St. Louis
Matson, Jeffrey A.	125	Kansas City
Matthews, J. Mark	125	Kansas City
Mayuga, Edgardo G.	190	St. Louis
McCray, Stephen A.	050	Gladstone
McDonald, Michael G.	102	Joplin
McNitt, Jay D.	125	Kansas City
Mestad, Peter H.	125	Kansas City
Miller, Robert N.	190	St. Louis
Millspaugh, Daniel L.	125	Kansas City
Moore, Richard E.	042	Cape Girardeau
Muney, Gary A.	190	Chesterfield
Nelson, Richard E.	125	Kansas City
***Neuenswander, Keith W.**	050	Independence
Nevett, Robert E.	207	Washington
Nielsen, Carl H.	190	St. Louis
Nordhues, Craig A.	082	Springfield
Nye, Robert A.	190	Ballwin
Oakley, Margaret M.	190	St. Louis
Olson, Barry E.	082	Springfield
Olson, Kevin W.	002	Kansas City
Orr, Robert M.	050	N. Kansas City
Owens, William D.	190	St. Louis
Page, Sam L., Jr.	190	St. Louis
Parker, Craig A.	125	Kansas City
Parker, Kim E.	125	Kansas City
Pavelonis, Joel D.	002	Kansas City
Perryman, Kathy M.	125	Kansas City
Petersen, Larry D.	082	Springfield
Piontek, James F.	050	Liberty
Politi, Gregory B.	125	Kansas City
Porter, Michael J.	125	Kansas City
Porter, Susan S.	125	Kansas City
Powers, Catherine A.	125	Leawood, KS
***Ray, Terry L.**	026	Columbia
Reaney, John A.	002	Kansas City
Roa, Necita L.	002	St. Louis
Robertson, Terence A.	125	Leawood, KS
Romkema, George E.	190	St. Louis
***Russell, Robert B.**	042	Cape Girardeau
Salathe, Gregg J.	082	Springfield
Schane, Catherine L.	082	Springfield
Schmidt, Stephen D.	002	St. Louis
Schneider, J. Michael	082	Springfield
Schuessler, Edward C.	190	St. Albans
Shelley, William C.	002	Blue Springs
Shimoda, Kumiko T.	002	Chesterfield
***Shipman, Wade M.**	082	Rogersville
Smith, Sally L.	190	Chesterfield
Smith, Stephen R.	190	Ballwin
***Smith, Toni R.**	148	Kirksville
Soeter, Ben H.	034	Poplar Bluff
Southwick, Christopher L.	148	Leawood, KS
***Steele, Brian K.**	102	Joplin
Stewart, Angela R.	026	Columbia
Stiles, Michella M.	125	Kansas City
Stoops, Stephen L.	125	Independence
Stuppy, Mary F.	002	Joplin
Subbaiah, Kosuri V.	190	Ballwin
Tatini, Paparao	002	St. Louis
***Tewis, Huey D.**	042	Cape Girardeau
Thomas, James J.	125	Kansas City
Thompson, David E.	125	Lee's Summit
Thornhill, Joseph M.	190	St. Louis
Tiojanco, Milagros E.	125	Kansas City
Tompson, Richard G.	206	West Plains
Vallurupalli, Vijayalakshmi	190	Bridgeton
Velander, Robert D.	125	Blue Springs
Venneman, Charles R.	125	Kansas City
***Vialle, Gene M.**	125	Kansas City
Walker, Randal E.	190	Ballwin
Waring, J. Michael	125	Kansas City
Weaver, Mark E.	082	Springfield
***Webb, James J.**	102	Joplin
Wempe, Michael J.	030	St. Joseph
Wilhite, Tria K.	150	Shelbyville
Williams, C. Mark	125	Kansas City
Williams, Todd L.	102	Joplin
Worth, Eugene R.	026	Columbia
***Wright, Michael D.**	030	St. Joseph
Yates, Charles L.	026	Columbia
Yedlin, Jay H.	125	Kansas City
Young, Patricia A.	050	Leawood, KS

Anatomic Pathology (ATP)

Wang, Helena H.	058	Jefferson City

Critical Care Medicine (CCA)

Saak, Thomas E.	002	Ellisville

Critical Care Medicine (CCM) (Internal Medicine)

Freeman, Brad	190	St. Louis
Gorman, Mary Jo	190	St. Louis

Critical Care Medicine (CCP) (Pediatrics)

Marshall, James D.	002	Parkville

Cardiovascular Disease (CD)

Akin, C. David	125	Independence
Apprill, Phillip G.	190	St. Louis
Banerjee, Dilip	207	Washington
Barr, W. Kent	050	N. Kansas City
Bateman, Timothy M.	125	Kansas City
Biel, Stanley I.	190	Bridgeton
Biggs, F. Douglas	030	St. Joseph

Bloom, Stephen A. Overland Park, KS	125
Bogart, Douglas B. N. Kansas City	050
Bresnahan, Dennis R. Kansas City	125
Brown, David L. Osage Beach	120
Chapman, James B. Cape Girardeau	042
Chun, Duck Sung St. Louis	190
Cochran, David S. Springfield	082
Conn, Robert D. Kansas City	125
Corcoran, Francis H. Joplin	102
Cupp, Gerald V. Columbia	026
Davis, J. Lawrence Bridgeton	190
Drozda, Joseph P., Jr. Chesterfield	190
Dwyer, James G. St. Louis	190
Fagan, Leonard F., Jr. St. Louis	190
Farrar, Michael W. N. Kansas City	050
Freeman, James A. Columbia	026
Gafford, Franklin H., IV St. Louis	190
George, Achenklinju K. West Plains	206
Gibson, Paul H. St. Louis	190
Glueck, Robert M. Kansas City	125
Godlewski, Kris J. Kansas City	125
Good, Thomas H. Kansas City	125
Ha, Richard J. Hannibal	150
Hammond, Billy A.F. Cape Girardeau	042
***Handlin, Larry R.** Mexico	014
Harshman, David M. St. Louis	190
Haycraft, Gordon L. Cape Girardeau	042
Hegde, S. Roy Kansas City	125
Henry, Clarke L., Jr. Kansas City	125
Herman, Robert L. Kansas City	125
Hills, Joe E. Springfield	082
Hindupur, Mohan R. St. Joseph	030
Huber, Kenneth C. Kansas City	125
Hubert, John W. Bridgeton	190
Jackson, Jay A. Kansas City	125
Johnson, Warren L., Jr. Kansas City	125
Jones, Paul R. N. Kansas City	050
Jung, Simon C. N. Kansas City	050
Kennett, Jerry D. Columbia	026
Kindred, Lynn H. Kansas City	125
Kistler, W. David, Jr. St. Louis	190
Lawrence, Willie E., Jr. Kansas City	002
LaFoe, William K. Cape Girardeau	042
Lee, Gerald B. Kansas City	214
Lee, Jung H. Crystal City	106
Liston, Michael J. N. Kansas City	050
McCallister, Ben D. Kansas City	125
Meyer, Randall E. Jefferson City	058
Miller, John T. N. Kansas City	050
Montgomery, Michael A. N. Kansas City	050
Moore, Thomas B. Joplin	102
Morello, Patrick J. Jefferson City	058
Mukharji, Jhulan Prairie Village, KS	125
Oliver, G. Charles St. Louis	002
Patel, Dilip H. St. Louis	190
Penilla, Antonio R. St. Louis	190
Politte, Lenard L. Columbia	026
Porter, Charles B. Kansas City	125
Retter, Kenneth W. Cape Girardeau	042
Rigden, L. Brick N. Kansas City	050
Riner, Ronald N. St. Louis	190
Roselman, Michael J. Springfield	082
Rutherford, Barry D. Kansas City	125
Ruwitch, Joseph F., Jr. St. Louis	190
Scharf, Daniel Overland Park, KS	125
Selke, Kenneth G. Chesterfield	190
Spadaro, James J. St. Louis	190
Spitler, Allen L. Cape Girardeau	042
Spurny, Otto M. Kansas City	125
Starr, Steven K. N. Kansas City	050
Steinhaus, David M. Kansas City	125
Stickley, Louis P. St. Louis	190
Stinnett, D. Mitchell Joplin	102
Stuppy, Robert J. Joplin	102
Talbert, Clifford R. Cape Girardeau	042
Tritz, James F. Jefferson City	058
Valuck, Richard P., Jr. Hannibal	150
Whiting, Richard B. St. Louis	190

Cardiovascular Surgery (CDS)

Borkon, A. Michael Kansas City	125
Crouch, John A. Columbia	026
Curtis, Jack J. Columbia	026
Daniel, William C. Kansas City	125
Demmy, Todd L. Columbia	026
Domjan, Daniel G. Cape Girardeau	042
Hannah, Hamner, III Kansas City	125
Hockstad, Eric S. Kansas City	125
Kase, James B., Jr. N. Kansas City	125
Lammoglia, Francisco J. St. Joseph	030
Laster, Steven B. Kansas City	125
Lawhorn, Stephanie L. Shawnee Mission, KS	125
Magalski, Anthony Kansas City	125
Main, Michael L. Kansas City	125
McCroskey, Brian L. Kansas City	125
Meurer, Michael F. Springfield	082
Ogle, William R.M. Cape Girardeau	042
Ruff, Paul G. Springfield	082
Schmaltz, Richard A. Columbia	026
Schneider, Alan M. Overland Park, KS	125
See, W. Mike Columbia	026
Stevens, Tracy L. Kansas City	125

Child Neurology (CHN)

Dodge, Philip R. St. Louis	190
Prensky, Arthur L. St. Louis	002

Child and Adolescent Psychiatry (CHP)

Lorenzo, Edilberto B. Poplar Bluff	125
Moore, Candice A. Nevada	214
Quiason, Emmeline P. Independence	125
Shuman, Charles R., III St. Joseph	030

Clinical Pathology (CLP)

Bell, Gordon A. Lee's Summit	125
Druet, Robert L. Springfield	082
Godfrey, Stephen E. St. Louis	190
Haake, Gregory K. Springfield	082
Johnston, Marilyn F.M. St. Louis	190
Raborar, Arteso C. Springfield	082
Thal, Sanford M. St. Louis	190

Colon and Rectal Surgery (CRS)

Brabbee, Gregory W. St. Louis	190
Cirocco, William C. Shawnee Mission, KS	125
Fleshman, James W. St. Louis	190
Graham, Bruce D. Shawnee Mission, KS	125
Heryer, John W. Kansas City	125
Kodner, Ira J. St. Louis	190
Robbins, Philip L. St. Louis	190
Schuval, David St. Louis	190

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*Doctor of Osteopathy

Cardiothoracic Surgery (CTS)

Leidenfrost, Ronald D.	190	Chesterfield

Dermatology (D)

Ailor, Susan K.	026	Columbia
Albert, I. Renee	190	St. Louis
Anderson, Frank K.	189	St. Charles
Anderson, Philip C.	026	Columbia
Aronberg, Jerome M.	190	St. Louis
Ashby, Jennifer D.	125	N. Kansas City
Bauschard, Frederick D.	190	St. Louis
Chanasue, John A.	190	Florissant
Dempsey, Kenneth J.	202	Sikeston
Dilworth, Jacquelyn B.	190	St. Louis
Dyer, Gary A.	030	St. Joseph
Eisen, Arthur Z.	190	St. Louis
Forsman, Karen E.	190	St. Louis
Gentry, Michael A.	082	Springfield
Glaser, Dee Anna	002	St. Louis
Gunn, Victoria	058	Jefferson City
Gunnoe, Robert E.	125	Kansas City
Hall, John C.	125	Kansas City
Hironimus, John E.	190	St. Louis
Hruza, George J.	190	Town & Country
Hruza, Luciann L.	002	Ladue
Johnson, Dallas A.	125	Overland Park, KS
Lane, Daniel K.	190	St. Louis
Lynch, Thomas W.	082	Springfield
Major, Troy E.	082	Springfield
Marrs, David B.	189	St. Charles
Matlock, Mark S.	102	Joplin
McCadden, Michael E.	190	St. Louis
McEwen, Gary W.	125	Lee's Summit
Medler, P. Louis	190	St. Louis
Meidl, Susan M.	150	Hannibal
Miller, Charles W.	190	St. Louis
Mittman, Dean L.	082	Springfield
Morrow, N. Eugene	082	Springfield
Oleson, Gale B.	125	Blue Springs
Palmer, Stephen M.	190	St. Louis
Perry, Lindell A.	014	Mexico
Portnoff, Lee S.	190	St. Louis
Powell, John A.	190	St. Louis
Reed, Jeffrey T.	190	St. Louis
Reese, Lester T.	190	St. Louis
Roller, James A.	026	Columbia
Sengelmann, Roberta D.	190	St. Louis
Stoecker, William V.	135	Rolla
Thomas, F. Anthony	050	Kansas City
Tiefenbrunn, Sharon F.	190	St. Louis
Towery, Derek S.	102	Joplin
Tucker, Dolores R.	190	Chesterfield
Uhlemann, John H.	189	St. Charles
Walsh, Richard J.	030	St. Joseph
Werth, Joseph A.	058	Jefferson City
Wolfe, Edward M.	190	St. Louis
Zanol, Karen E.	026	Columbia
Ziegler, Robert E.	190	St. Louis
Zurowski, Susan M.	026	Columbia

Diagnostic Radiology (DR)

Applewhite, Thomas A.	190	St. Louis
Baker, Karen S.	082	Springfield
Barton, Premsri T.	190	St. Louis
Beal, Catherine E.	190	St. Louis
Belshe, Sidney B.	058	Jefferson City
Boodram, Mitra B.	190	Maryland Hts.
Brent, Lanny R.	082	Springfield
Bridges, Jack L.	030	St. Joseph
Carlton, Lynn N.	082	Springfield
Churchill, Robert J.	026	Columbia
Cram, John W.	208	Springfield
Crawley, Jennifer H.	125	Kansas City
Crepps, Louis F.	190	St. Louis
Cronemeyer, Richard L.	125	Lee's Summit
Cusumano, Joseph V.	190	St. Louis
Cyriac, George K.	014	Mexico
Davis, Gene L.	190	Chesterfield
Day, Geoffrey A.	102	Joplin
Dell, Robert V.	150	Hannibal
Dierberg, Dale F.	207	Chesterfield
Engels, John T.	190	St. Louis
Ernst, Edwin C., III	190	St. Louis
Evens, Ronald G.	190	St. Louis
Foss, Jonathan M.	190	St. Louis
Francis, Roger A.	214	Linn Creek
Gafarian, Kathleen	082	Springfield
Garvin, Charles F.	190	St. Louis
Geisse, Guillermo C.	190	Alexandria, VA
Gennaoui, Jad M.	190	St. Louis
Glazer, Harvey S.	190	St. Louis
Goodhope, Karen F.	190	St. Louis
Graviss, E. Richard	125	Kansas City
Greditzer, Harry G., III	190	St. Louis
Gresick, Robert J., Jr.	190	St. Louis
Grunz, Donald J.	190	Creve Coeur
Hardy, Jeffery A.	190	St. Louis
Hazuka, David F.	125	Shawnee Mission, KS
Hillard, Alan E.	038	Columbia
Hoffman, Mark J.	190	St. Louis
Holloman, Walter G.	190	Ballwin
Jones, Maynard C., Jr.	125	Lee's Summit
Jones, Paul S.	102	Joplin
Junker, James A.	106	St. Louis
Keller, Stephen M.	190	St. Louis
Kopperman, Mordecai	125	Kansas City
Lee, H. T.	026	Columbia
Levitt, Robert G.	190	St. Louis
Martin, David S.	190	Chesterfield
Mayes, Ben R.	190	St. Louis
McManus, Gerald	050	N. Kansas City
Moore, Michael T.	214	Nevada
O'Toole, Patrick M.	125	Kansas City
Oberle, Paul A.	190	Ballwin
Olson, Robert J.	082	Springfield
Omell, Gary H.	190	St. Louis
Pohl, David L.	190	St. Louis
Price, Hilton I.	190	St. Louis
Rosenthal, Debra D.	190	St. Louis
Sadhu, Vijay K.	026	Columbia
Sallee, Skip	190	Ladue
Scearce, Robert L.	058	Jefferson City
Scheible, Robert F.	190	St. Louis
Schwegler, Robert G.	125	Shawnee Mission, KS
Shaplin, Alfred D.	106	Ballwin
Smith, Emily L.	190	St. Louis
Stevens, Edward M.	030	St. Joseph
Stoecker, Willeford J.	042	Cape Girardeau
Sullivan, Dan T.	082	Springfield
Swaney, Charles M.	026	Columbia
Sweeney, Thomas P.	082	Republic
Szoko, Edward	190	St. Louis

Thalblum, Harvey Kansas City	125
Tobler, Jerry Ballwin	190
Totty, William G. St. Louis	190
Trotta, Philip C. St. Louis	190
Vas, Wenzel G. St. Louis	190
Weis, Ronald R. Leawood, KS	125

Emergency Medicine (EM)

Adkins, Charlene Columbia	026
Berry, Danny T. Cape Girardeau	042
Bonney, Samuel C. Washington	207
Carter, Gary L. N. Kansas City	050
Chaffin, Jerald D. Branson	208
Clark, Alan D. Carthage	082
Criscione, James R., Jr. St. Louis	190
DeCoursey, Kenneth A. Cape Girardeau	042
***Draper, Richard E.** Cape Girardeau	042
DuMontier, Alan J. St. Louis	190
Grashoff, Joyce A. Kansas City	125
Grisham, Thomas D. Washington	207
Hicks, Robb R., IV Cape Girardeau	042
Hierholzer, Rebecca S. N. Kansas City	125
Judge, Steven J. Washington	207
Keesal, Dennis Chesterfield	189
Kensel, Scott Springfield	082
Kolda, Michael A. Cape Girardeau	042
Labayen, Ricardo A. Overland Park, KS	125
***Landers, Gary A.** N. Kansas City	050
Lombardo, Richard J. Belton	125
Mazurek, Julie M. N. Kansas City	125
McIntosh, Douglas A. Cape Girardeau	042
McMurry, Ted A. Springfield	082
Mecker, Robert Washington	207
Meece, David R. Cape Girardeau	042
Mire, Louis E. Branson	208
Mobley, Gilbert L. Springfield	082
Morgan, Edward B. St. Louis	190
Nelson, Michael J. Lee's Summit	125
Orr, Steven M. Parkville	125
Pancoast, Charles H. Cape Girardeau	042
Parks, William C. Columbia	026
Poggemeier, David A. St. Charles	189
Prickett, David C., Jr. Kearney	050
Radakovich, Rick R. Kansas City	050
Randolph, Gary Joplin	102
Ratcliff, Keith M. Washington	207
Ricci, Walter J. Overland Park, KS	125
Riscoe, James M. Joplin	102
Robinson, Ronald L. Cape Girardeau	042
Russell, Steven L. Kansas City	050
Scarborough, Betty F. Shawnee Mission, KS	125
***Schnur, David** Cape Girardeau	042
Scott, Benn L. Cape Girardeau	042
Spurgeon, Stephen Maryland Hts.	190
Steele, Mark T. Kansas City	125
Stoliar, John B. St. Louis	190
Sullivan, Christine Overland Park, KS	125
Szewczyk, Michael J. Columbia	026
Toy, Karen L. Sedalia	178
Turner, Lanny M. St. Louis	190
***Turner, Timothy T.** Barrington, IL	002
***Umfleet, Jeffrey C.** Cape Girardeau	042
Waeckerle, Denise K. Leawood, KS	125
Waeckerle, Joseph F. Leawood, KS	125
Weber-Bornstein, Nancy Cape Girardeau	042
Wilson, Bryan D. Overland Park, KS	050

Endocrinology (END)

Hellman, Richard N. Kansas City	125
Henson, Bruce E. Kansas City	125
James, Ronald C. Columbia	026
Koppers, Lawrence E. Liberty	050
Porte, Karen L. Joplin	102
Rosen, Howard M. N. Kansas City	125
Sneid, David S. Kansas City	125

Family Practice (FP)

Ahnemann, Janet L. Clinton	086
Akremi, Janet E. Fayette	026
Allan, James E. Jefferson City	058
Allcorn, Donald K. Lincoln	178
Allmon, Donna J. Cape Girardeau	042
***Asher, Kennett D.** Jackson	042
Askew, John H. Sikeston	202
Auner, J. David Ironton	138
Bain, Kelly J. New Haven	207
Barbe, David O. Mountain Grove	206
***Bean, David K.** Florissant	190
Belden, Jeffery L. Columbia	026
***Belfer, Mark H.** Kansas City	125
Bellamy, Bruce G. Clinton	086
Berner, Carol T. Springfield	082
***Bieser, R. Dan** Cape Girardeau	042
Binz, Donald E. St. Peters	189
Boatright, Kevin Farmington	138
***Boxerman, Carrol L.** Hannibal	150
Brack, Julie D. Grandview	002
***Bracke, Kurt M.** Centralia	014
Brockhaus, Jayne R. Warrensburg	110
Broeker, Michael L. West Plains	206
Brown, Merlin D. St. Joseph	030
Brunworth, David Washington	207
Buffaloe, Robert N. Jefferson City	058
Buie, Steven E. Kansas City	125
Cady, Roger K. Springfield	082
Campbell, Albert J. Sedalia	178
Campbell, David C. St. Louis	190
Carey, Larry J. Springfield	082
Carr, George W. Jefferson City	058
Carter, James E., Jr. Leawood, KS	125
Caster, Philip W. Lebanon	115
Cathcart, David L. Camdenton	120
Catron, David O. Cape Girardeau	042
Chavez, Salvador St. Louis	190
Collison, R. Michael Strafford	082
Colwill, Jack M. Columbia	026
Comfort, George D. Mexico	014
Cravens, David D. Columbia	026
Cravens, William P. Fulton	038
Crosnoe, Janna R. Cape Girardeau	042
***Crow, Sam A., II** Springfield	082
***D'Angelo, James A.** Blue Springs	125
Dang, Robert C. Pleasant Hill	214
Davis, Thomas E. New Haven	207
Dean, Walter E. Maryville	158
Dempsey, Herbert A. Lee's Summit	125
***Depew, Deborah A.** Cedar Hill	207
Derrington, Kenneth L. Laurie	120
DeLine, Jim Macon	046
Dierker, Harry D. Columbia	026
Dixon, Druery J. West Plains	206
Dodson, Jack M. Jefferson City	058

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*Doctor of Osteopathy

FAMILY PRACTICE

Domke, Henry F.	058	Jefferson City
Dorsch, Stephen E.	125	Kansas City
Douglas, Steven L., II	202	East Prairie
Downey, Jon P.	042	Cape Girardeau
Dyer, Curtis W.	110	Warrensburg
Ekern, H. Peter	014	Mexico
Elam, Jim	206	Houston
Elcock, Devera M.	190	Glencoe
***Eldenburg, Steven C.**	178	Sedalia
Elliott, Wendell H.	034	Poplar Bluff
Etters, Amie L.	110	Warrensburg
Evans, Jeffry T.	150	Hannibal
Franey, Michelle R.	125	Kansas City
Freeland, Arthur G.	110	Warrensburg
Fristo, Todd E.	125	Lee's Summit
Gilbirds, William M., II	050	Kansas City
Gillispie, John L.	208	Kimberling
Glenn, Byron C.	042	Cape Girardeau
Glover, David	110	Warrensburg
Goff, John E.	102	Joplin
Good, Michael W.	082	Springfield
Grable, James D.	042	Cape Girardeau
Greenlund, Nelson C.	214	Nevada
Griffin, Shawn	030	St. Joseph
Griffith, S. Kent	042	Cape Girardeau
Groce, George D.	038	Fulton
Hale, Arthur E., Jr.	208	Forsyth
Halverson, Larry W.	082	Springfield
Hamid, Rashid S.	198	Marshall
Harr, Patrick B.	158	Maryville
Harris, Louis B.	066	Bolivar
Haulard, Marcel E.	190	Wright City
Hayden, Melvin R.	120	Camdenton
Hayes, Nancy J.	206	Mountain Grove
Heutel, Lee B.	190	St. Louis
***Hevel, Robert W.**	150	Palmyra
Hite, Dennis E.	115	Lebanon
Hoffmann, Alan L.	125	Kansas City
Holzem, Craig S.	207	Washington
Hrabik, Brent	158	Tarkio
Hubbard, Sally L.	082	Springfield
Huffman, Larry	208	Branson W.
Hunter, James K., Jr.	158	Fairfax
Icaza, Ramiro	042	Jackson
Irick, Constance M.	125	Overland Park, KS
Jackson, Max G.	125	Kansas City
Jacobi, Diane J.	014	Mexico
***Jahnke, Jane E.**	125	Kansas City
Jerome, Tawnyia	198	Marshall
Johnson, Lent C.	150	Hannibal
Johnson, Patrick E.	138	Farmington
Jones, Gordon	202	Sikeston
Jones, Justin E.	014	Mexico
Kairuz, Bartolome C.	190	St. Louis
Kanne, Marty A.	050	Kansas City
Kapp, Dave	174	Perryville
Kasten, Mark C.	042	Cape Girardeau
Kelley, Rebecca B.	038	Auxvasse
Kenney, Douglas R.	086	Clinton
***Kessler, Alan Z.**	125	Kansas City
Kessler, William D., Jr.	102	Joplin
Kim, Hee-Sun	082	Springfield
Kimlinger, William R.	058	Jefferson City
Klein, Kendel L.	166	Mt. Vernon
Koehn, Douglas P.	198	Marshall
Kraemer, Edwin T.	125	Lee's Summit
Kroutil, Candise D.	166	Aurora
Kruse, Carl R.	150	Palmyra
Laiben, Gregg R.	125	Kansas City
Lauber, Joseph J.	190	St. Louis
Lavery, Daniel P.	058	Westphalia
Lee, Susan L.	125	Kansas City
Legler, Larry E.	125	Independence
Lepinski, Sandra L.	125	Kansas City
Leroux, Gene H.	034	Doniphan
Lessmann, Gary P.	190	Bridgeton
Lischwe, Daniel H.	190	Bridgeton
Long, Timothy P.	207	Marthasville
Lueckenhoff, Rebecca R.	058	Jefferson City
Luerding, Jeffrey A.	050	Kansas City
Lukavsky, James P.	208	Branson
Luzania, Randy C.	125	Overland Park, KS
Lyle, Robt R.	120	Versailles
Mahaffey, Brian L.	082	Springfield
Markway, Gregory A.	125	Independence
Marshall, William G.	026	Glasgow
Martin, Angelia D.	158	Grant City
Martin, Mark W.	125	Lee's Summit
Martin, Robert A.	206	West Plains
Mason, Mary Jane	135	Steelville
Masters, Edwin J.	042	Cape Girardeau
McDowell, James W.	046	Macon
McFarland, Rodney J.	166	Neosho
Mehaffy, Orville A.	102	Joplin
Mehr, David R.	026	Columbia
***Melchior, David E.**	174	Perryville
Memken, John A.	150	Hannibal
Messmore-Arn, V. Paula	125	Kansas City
Meyer, Jerry L.	118	Concordia
***Miller, James L.**	214	Butler
Miller, William D.	030	St. Joseph
Molberg, Peter J.	082	Springfield
Montes, Arturo C.	190	St. Louis
Morgan, W. Tom, Jr.	026	Columbia
Morton, Wayne L.	214	Osceola
Mueller, Randall E.	026	Columbia
Munger, Michael L.	125	Kansas City
Myers, Carl M.	125	Platte City
***Myers, Janet K.**	150	Hannibal
Nadolski, Gary S.	030	St. Joseph
Newman-Koehn, Mica K.	198	Marshall
***Nichols, Lawrence E.**	150	Hannibal
Normile, Christopher	189	St. Charles
O'Donnell, Gregory P.	125	Leawood, KS
O'Hara, Patrick W.	138	Farmington
Offner, Jennifer K.	150	Marshall
Ojascastro, Alejandro C.	190	St. Louis
Oliver, Malcom B.	002	Republic
Ortiz, Richard	010	N. Kansas City
Ouellette, David F.	150	Hannibal
Palen, James E.	042	Cape Girardeau
Papreck, K. T.	198	Marshall
Paris, William H.	190	Florissant
Paterson, Jennifer L.	002	Washington
Patterson, Donald R.	102	Joplin
***Pewitt, Charles S.**	042	Jackson
Philgreen, Donald E.	125	Kansas City
Phillips, Kenneth D.	042	Cape Girardeau
Phillips, Ronald L.	148	Kirksville
Pinkham, Chris M.	050	Kansas City
Pitney, Phillip W.	150	Louisiana
Pon, Marcelino	190	St. Louis

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Porvaznik, Michael E. St. Louis	190
Potts, Donald A. Kansas City	125
Power, Robert W. Jefferson City	058
Price, Richard C. Harrisonville	214
Randolph, Bernard C. St. Louis	190
Regas, Stephen L. Kansas City	125
***Rendlen, Melissa F.** Hannibal	150
Revels, Stephanie M. Fairway, KS	125
Reynolds, Susan K. St. Louis	190
Richardson, George A. Union	207
Ringen, Oran J., Jr. Springfield	082
Robbins, Thomas D. Jefferson City	058
Robertson, William D. Poplar Bluff	034
Rogers, H. Bryan St. Louis	190
Royce, Debra L. Sarcoxie	102
***Ruby, Holli K.** Hollister	208
Rues, Lawrence A. Kansas City	125
Ryan, David Trenton	078
Scharrer, Alan J. Holden	110
Schmidt, Craig J. Pacific	207
Schmitz, Ralph A. Monett	166
Scott, Kenneth F. Clinton	086
Shaw, James T. Hermann	207
Shaw, Robert D. Willow Springs	206
Shields, Lawrence S. Springfield	082
Shinn, Michael E. Kansas City	050
Siemer, Deanna M. Jackson	042
***Sill, William** St. Peters	189
Silvers, L. Michael Kansas City	125
Sincox, Charles H. Washington	207
Smith, Claude F. West Plains	206
Smith, Gilbert D. Poplar Bluff	034
Sparkman, Thomas C. Cape Girardeau	042
Spence, Paul A. Cape Girardeau	042
Spurlock, Luther D. Rolla	135
Spurney, Joe E. Kansas City	125
St. Peter, David A. Liberty	125
Stanley, John O. Kansas City	050
Stanton, Liza S. O'Fallon	002
Steele, Jack T. Bridgeton	190
Steenbergen, Michael Jefferson City	058
Stringer, Kenton L. Aurora	166
***Strong, Ronald E.** Jefferson City	058
Stuerman, Lawrence G. Louisiana	150
Suarez, Alberto Lee's Summit	125
Tague, Robert D. St. Louis	190
Tarvin, Randy J. Lee's Summit	125
Taylor, Ingrid D. Kansas City	125
Taylor, Marsha A. Springfield	082
Tedrow, Jeffrey R. Bolivar	066
Tegtmeyer, Chris Lebanon	115
***Terpstra, Gregory K.** Potosi	138
Thies, Jerome H. Osceola	214
Thomas, Deborah G. Cape Girardeau	042
Thompson, James E. West Plains	206
***Thornton, Russell J.** Higginsville	118
Tiemann, James H. Lee's Summit	002
Till, Bennie N. Poplar Bluff	034
Tobin, Marla J. Warrensburg	110
***Turner, Davin G.** St. Joseph	030
Turner, James D. Washington	207
Turner, Kirby L. Poplar Bluff	034
Uketui, Immanuel St. Joseph	030
Ulbrich, Jamie G. Marshall	198
Van Zanten, Niko A. Osceola	214
Villahermosa, Juanito L. Savannah	010
Voszler, Richard B. Cape Girardeau	042
***Walton, Frank C.** West Plains	206
Ward, Mark R. Springfield	082
Wardell, M. Annette Springfield	082
Warren, Ronda Lynn Kansas City, KS	125
Watts, Samuel M. Mt. Vernon	166
Weems, Deborah A. St. Joseph	030
Weiss, James J. Jefferson City	058
***Wescott, Thomas P.** Holden	110
Wheeler, Robert L. Harrisonville	214
Wilkins, Thomas L. Kansas City	050
Williams, Paul A. Kansas City	125
Williams, Rick W. Ozark	082
Williamson, Harold A. Columbia	026
Wilson, David E. Kansas City	050
Wilson, Timothy A. Kansas City	050
Winkler, Lisa A. Stanley, KS	125
Workman, George M. Hermann	207
Wulfers, Michael C. Cape Girardeau	042
Wurm, Michael J. Maryville	158
***Yocum, Russell S.** Platte City	125
Youngren, Linda S. Mountain Grove	206

Facial Plastic Surgery (FPS)

Brandt, Keith E. St. Louis	002
Buchwach, Kenneth A. Overland Park, KS	125
Ehlert, Tamara K. St. Louis	190
LaFerriere, Keith A. Springfield	082
Prstojevich, Steven J. Kansas City	125
Simo, Frank St. Louis	190
Tanner, John P. Kansas City	125
Thomas, J. Regan St. Louis	190

Gastroenterology (GE)

Allen, Mark J. Kansas City	125
Barber, Gregory B. Kansas City	125
Brock, Arthur L. Independence	125
Coleman, Matthew J. Cape Girardeau	042
Coleman, Terrence W. Liberty	125
Cort, David H. St. Louis	190
Culver, Perry J., Jr. Kansas City	125
Cusworth, Robert St. Charles	189
***Deffenbaugh, Larry D.** Joplin	102
Edwards, Dean A. Cape Girardeau	042
Elias, Ivan J. Kansas City	125
Fedotin, Michael S. Kansas City	125
Frederickson, Neil W. St. Louis	190
Freeman, Michael R. Cape Girardeau	042
Ginsberg, B. William Kansas City	125
Gordon, Glenn L. Mexico	014
Gurian, Lawrence E. Springfield	082
Helzberg, John H. Kansas City	125
Honaas, Trygve O. Cape Girardeau	042
Hover, Alexander R. Springfield	082
Jennett, Richard B. Jefferson City	058
Katbamna, Bhagirath H. Hannibal	150
Kouo, Louis Cape Girardeau	042
Landers, Burnell Independence	125
Lee, Wilfred Cape Girardeau	042
Libel, Roy D. Springfield	082
Marshall, Jay P., II Chesterfield	190
McCullough, Joseph E. Kansas City	125
McPhee, Mark S. Kansas City	125
Mentgen, Carl N. Springfield	082
Merritt, Gregory A. Kansas City	125
Pelican, George St. Louis	190

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Petersen, James H.	002	Chesterfield
***Schneider, Horace L.**	042	Cape Girardeau
Shuler, Frederick N.	125	Kansas City
Taormina, Marc K.	125	Independence
Walden, David T.	002	St. Louis
Witte, Bruce H.	002	Chesterfield
Wooten, Michael B.	082	Springfield

General Practice (GP)

Allan, James R.	150	Shelbina
Armstrong, Elizabeth M.	026	Centralia
***Bader, Larry W.**	026	Columbia
Baldwin, Theodore R.	118	Excelsior Spgs.
Blaine, James R.	082	Springfield
Bridges, J. Rachelle	208	Forsyth
Bridges, Leonard W.	208	Forsyth
Burkhart, Susan M.	058	California
Campbell, James E.	046	Macon
Carleton, Charles E.	138	Farmington
Carpenter, Wallace	158	Rock Port
Conant, James F.	030	St. Joseph
Dettmer, Robert F.	138	Ironton
Dudik, Randall G.	135	Rolla
Eldenburg, Donald O.	178	Sedalia
Frein, Donald E.	214	Harrisonville
***Gayle, David R.**	034	Piedmont
***Gayle, Richard E.**	034	Piedmont
Haynie, William W.	214	Butler
Heath, Jimmy D.	202	East Prairie
Hettinger, Brenda A.	120	Camdenton
Holowaty, J. Carl	190	Chesterfield
Howell, Billy D.	078	Brookfield
Humphrey, James D.	158	Mound City
Kauffman, Ruth	120	Versailles
Lankford, Harold D.	014	Mexico
Lichty, Charles A.	150	Shelbina
***Lillig, James F.**	050	Kansas City
Long, Curtis W.	214	Butler
Magaw, David C.	066	Everton
Magruder, Lyell M.	214	Nevada
***Martin, Kevin J.**	014	Vandalia
McFadden, Gene A.	118	Waverly
Menne, Marvin C.	138	Ironton
Moore, Michael R.	206	West Plains
Morehead, William E.	070	Malden
***Nemer, Robert J.**	058	Jefferson City
Painter, Andrew E.	202	Portageville
Pavlu, Robert R.	118	Waverly
Pehlman, Joseph E.	070	Malden
Reed, Glen H.	214	Appleton City
Schaaf, Robert O.	030	St. Joseph
Scowley, John E.	118	Richmond
Shanahan, Philip J.	190	St. Louis
Taylor, Steve J.	014	Mexico
Won, Russell	190	St. Louis

General Preventive Medicine (GPM)

Archer, Rex D., II	125	Kansas City

General Surgery (GS)

Aeder, Mark I.	125	Kansas City
Afuwape, Emanuel A.	190	E. St. Louis, IL
Altepeter, H. Martin	190	St. Louis
Andres, Edward H.	030	St. Joseph
Apostol, Andres G.	166	Monett
Arbab, Ali A.	125	Kansas City
Arenos, Proceso T.	190	St. Louis
Arnold, Kenneth J.	190	Chesterfield
Ashley, Michael E.	082	Springfield
Ayvazian, Vatche H.	190	St. Louis
Barker, Patricia L.	150	Hannibal
Bartlett, Hugh C.	135	Rolla
Bass, Barry J.	135	Rolla
Bauer, Joseph G.	150	Hannibal
Bautista, Joel O.	046	Moberly
Bautista, Rogelio L.	046	Moberly
Beckman, Robert F.	190	St. Louis
Beggs, Charles W.	050	Liberty
Beheler, Edward M.	030	St. Joseph
Behrends, Steven H.	125	Kansas City
Bennett, Kenneth J.	190	St. Louis
Bentlage, Charles H.	102	Joplin
Bergmann, Daniel J.	189	St. Peters
Berwald, David M.	190	Bridgeton
Betz, Robert F.	166	Neosho
Billy, Lawrence J.	190	St. Louis
Birnbaum, Elisa H.	190	St. Louis
Bizek, Joseph L.	166	Aurora
Blanke, Thomas J.	190	St. Louis
Bond, Leslie F.	190	St Louis
Branch, Walter D., Jr.	002	Kansas City
Braverman, Stuart J.	178	Sedalia
Buckner, John W.	082	Springfield
Buettner, John Brigham	190	Chesterfield
Bukstein, Michael J.	150	Hannibal
Bussmann, Carl E.	190	Bridgeton
Cabrera, Tomas V.	189	St. Peters
Cardwell, Daniel R.	066	Bolivar
Cassat, James D.	207	Washington
Castaneda, Marco A.	190	Bridgeton
Christiansen, Stephen D.	082	Springfield
Christy, John P.	034	Poplar Bluff
Chung, T. David	034	Poplar Bluff
Codd, John E.	190	St. Charles
Coe, Douglas A.	125	Kansas City
Cohen, Marvin C.	125	Harrisonville
Cohen, Max M.	190	St. Louis
Corrado, Joseph A.	014	Mexico
Craighead, Michael L.	058	Jefferson City
Creswell, Lawrence L.	190	Chesterfield
Critchlow, J. Thomas	042	Cape Girardeau
Daake, John W., Jr.	190	St. Louis
Dandridge, Walter C.	102	Joplin
Deutchman, Adam	042	Cape Girardeau
Doerhoff, Carl R.	058	Jefferson City
Donovan, John F.	190	St. Louis
Eck, Bryan D.	206	West Plains
Esparrago, F. R.	166	Monett
Evans, Joseph C., Jr.	125	Independence
Fabito, Daniel C.	190	St. Louis
Fahrner, Mari A.	190	Chesterfield
Floro, Kenneth E., Jr.	190	St. Louis
Floro, Mariano N.	190	Florissant
Foley, Jonathon K.	042	Cape Girardeau
Foreman, Phillip B.	150	Hannibal
***Ganelli, Ronald R.**	102	Carthage
Gelhot, Helen T.	190	St. Louis
Gengler, Jon S.	050	N. Kansas City
Gerowin, Lance	190	St. Louis
Gibson, James D.	082	Springfield
Gieselmann, James W.	034	Poplar Bluff
Glenn, Edward A., III	150	Louisiana

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*Doctor of Osteopathy

Guerra, Gaston G.	Chillicothe	078
H'Doubler, Charles	Mt. Vernon	082
Hanson, Morin M.	St. Louis	190
Harms, James F.	Nevada	214
Harris, Hugh S., Jr.	Columbia	026
Hayek, Michael E.	St. Louis	190
Helling, Thomas S.	Kansas City	125
Henderson, Aphrodite M.	Hannibal	150
Hill, Ronald T.	Dexter	002
Hiser, Christy J.	Branson	208
Hobcrock, Thomas R.	Branson	208
Hoehn, John P., III	St. Louis	190
Hornbostel, Phillip M.	Sedalia	178
Hunt, Robert S.	Cape Girardeau	042
Ivins, Gregory K.	Fulton	038
James, Kathleen M.	Lake St. Louis	189
James, Kelly M.	Independence	125
Jensen, Joshua E., II	St. Louis	190
Johnson, Frank E.	St. Louis	002
Joyce, Rex M.	Kansas City	125
Kasten, Melvin C.	Cape Girardeau	042
Knight, James W.	St. Louis	190
Koivunen, Debra G.	Columbia	026
Krajcovic, David P.	Chesterfield	190
Kurzweil, Steven L.	Festus	106
Kuvshinoff, Boris W.	Columbia	026
Laster, Jerry L.	Joplin	102
LaHue, William C.	Lexington	118
Levy, Jerome F.	St. Louis	190
***Light, Diane L.**	Jefferson City	058
Londe, Alan M.	St. Louis	190
Long, W. Steven	St. Joseph	030
Lopez-Plata, Roberto	Leawood, KS	125
Lowell, Jeffrey A.	St. Louis	190
Ludwig, Mark A.	St. Louis	190
Lundman, Hugh	Springfield	082
Madrid, Dominador O.	St. Louis	190
Marr, Garrett L.	Kansas City	125
Martin, Clarence A.	Joplin	102
McClune, Grant L.	Cape Girardeau	042
McGinty, Frank H.	Cape Girardeau	042
McGregor, Patrick E.	N. Kansas City	050
Meier, Mitchell S.	Joplin	102
Memmolo, Ciriaco A.	St. Louis	190
Meyer, Robert C.	St. Louis	190
Meyers, Jerry R.	St. Peters	189
Miedema, Brent W.	Columbia	026
Miller, Thomas A.	St. Louis	002
Mitchell, Franklin L.	Columbia	026
Moffe, Thomas C.	Springfield	082
Morehouse, Paul D.	Warrensburg	110
Mueller, Charles R.	Houston	206
Muhm, H. Yale	St. Charles	189
Mullins, J. Randolph	Springfield	082
Mutchnick, Norman	Kansas City	125
Nathan, Lester J.	Fenton	190
Near, David M.	Florissant	190
Newman, Joseph A.	Joplin	102
Niesen, Frank J.	St. Louis	190
Niesen, Thomas E.	Chesterfield	190
Nigro, Thomas L.	Kansas City	125
Nwaobasi, Sam	Florissant	190
Occeno, Victor G.	Cassville	166
Ochoa, Pedro	Valmeyer, IL	190
Oliver, George A.	Farmington	138
Parikh, Sharad P.	Florissant	190
Parks, Charles	St. Louis	190
Parulekar, Dilip G.	Fulton	038
Peick, Ann L.	St. Louis	190
Pennell, Richard C.	St. Louis	190
Perll, Peter D.	Mexico	014
Petelin, Joseph B.	Shawnee Mission, KS	125
Peters, Walter R.	Columbia	026
Petit, Carl A.	Osage Beach	120
Pitsinger, N. Bruce	Chesterfield	190
***Pitt, James B.**	Columbia	026
Pontillas, Job B.	Perryville	174
Porvaznik, John T.	Chesterfield	190
Prasad, Chandra N.	Jefferson City	058
Pruett, Don S.	St. Louis	190
Radford, Diane M.	St. Louis	190
Rankin, Kevin P.	Sikeston	202
Reardon, Thomas M.	Liberty	050
Reese, Jon A.	Springfield	082
Richardson, Norbert L.	Union	207
Richmond, Ron	Cape Girardeau	042
Riechers, Thomas B.	Washington	207
Roberts, Jonathan M.	Jefferson City	058
Roh, Joseph J.	Kansas City	125
Safley, Thomas J.	Independence	125
Schiro, John E.	Cameron	054
Schlarman, David E.	St. Louis	190
Schneider, Thomas A.	St. Charles	189
Schokker, Johannes	Jefferson City	058
Scott, Joni C.	Rogersville	082
Sharlow, Joseph W.	Ste. Genevieve	174
Shine, Thomas E.	St. Louis	190
Shoults, Nicholas F.	Springfield	082
Sicard, Gregorio A.	St. Louis	190
Slagle, Genelle J.	Overland Park, KS	125
Smith, Kenneth G.	St. Louis	190
Spadone, Donald P.	Columbia	026
Spaulding, Kenneth A.	Kansas City	002
Spehar, Pascal E.	Independence	125
Starke, Joe D.	Columbia	026
Steiling, Sylvia A.	St. Louis	190
Sugarbaker, Stephen P.	Jefferson City	058
Switzner, Diane L.	Springfield	082
Tenorio, Arturo A.	Stanberry	158
Terry, Boyd E.	Columbia	026
Thornton, Fred H.	Sikeston	202
Troop, Bryan R.	St. Louis	190
Turner, William A.	Nevada	214
Underwood, Johnson, III	N. Kansas City	050
Verzola, Eufemio G.	Herculaneum	106
Vitale, Thomas J., Jr.	St. Louis	190
Wade, Scott A.	St. Joseph	030
Wadley, Jeff	Sedalia	178
Webb, John M.	Kansas City	125
Werner, F. Scott	N. Kansas City	050
Westerman, Robert N.	St. Louis	190
Westfall, Scott G.	St. Louis	190
Westfall, Susan H.	St. Louis	190
Wetzel, C. Robert	Clinton	086
Wetzel, Gus S.	Clinton	086
Wilbers, Raymond H.	Mexico	014
Willcoxon, Robert L.	Joplin	102
Wittmer, Marc R.	Springfield	082
Wonder, Donald	Branson	208
Zacharias, Kulangara P.	Columbia	026

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*Doctor of Osteopathy

Gynecology (GYN)

Alderman, Lillian C.	050	Liberty
Byers, Lowell J.	125	Overland Park, KS
Jacob, Joe	202	Sikeston
Patterson, Donald C.	026	Columbia
Roberts, Howard H.	102	Joplin
Schmidt, Herbert J.	102	Joplin
Veronikis, Dionysios	190	St. Louis
Williams, Carol F.	190	St. Louis

Hematology (HEM)

(Internal Medicine)

Abbey, Elliot E.	002	St. Louis
Carden, Juan O.	190	St. Louis
Carter, Robert L.	102	Joplin
Davidner, Mark L.	125	Kansas City
Friedland, Michael L.	125	Kansas City
Gomez, Patrick L.	082	Springfield
Grant, Ruth	082	Springfield
Loftus, Loretta S.	125	Kansas City
Monaghan, Greg G.	026	Columbia
Muscato, Joseph J.	026	Columbia
Muscato, Mary S.	026	Columbia
Peterson, Jay T.	125	Kansas City
Ratkin, Gary A.	190	St. Louis
River, George L.	102	Joplin
Vellek, Mark J.	026	Columbia
Weigand, Robert T.	030	St. Joseph
Woodson, Mark E.	190	St. Louis

Head & Neck Surgery (HNS)

Hiebert, John M.	125	Kansas City
Seabaugh, Janice L.	042	Cape Girardeau
Sudekum, Anthony E.	189	Defiance

Hematology/ Oncology (HO)

Chan, Celia L.	042	Cape Girardeau
Menitove, Jay E.	125	Kansas City
Sides, Stanley D.	042	Cape Girardeau
Yuen, Benjamin H.	042	Cape Girardeau

Hand Surgery (HS)

Cheng, Christine	190	St. Louis
Towle, Dana R.	050	Kansas City

Infectious Disease (ID)

Brewer, Joseph H.	125	Kansas City
Driks, Michael R.	125	Kansas City
Folk, Scott M.	030	St. Joseph
Grieshop, Theodore J.	042	Cape Girardeau
Haddow, Alastair D.	208	Branson
Hagan, Margaret E.	125	Independence
Henry, R. Beth	125	Kansas City
Hinrichs, James H.	190	Bridgeton
McKinsey, David S.	125	Kansas City
Neihart, Robert E.	125	Kansas City
Sistrunk, William W.	082	Springfield
Spernoga, John F.	190	St. Louis
Winton, Mark D.	058	Jefferson City

Internal Medicine (IM)

Abel, Charles C.	190	St. Louis
Abinoja, Conrado B.	190	St. Louis
Adiga, Raghavendra B.	030	Savannah
Ahadi, Abd U.	190	St. Louis
Ahmad, Musaddeque	138	Potosi
Ahmad, Naseer	190	St. Louis
Albano, Grace A.	125	Lee's Summit
Aldana, Tirso J.	138	Ellington
Alegre, Jorge M.	190	Chesterfield
Allen, Thomas P.	125	Overland Park, KS
Allyn, Steven L.	082	Springfield
Almond, Toni	026	Columbia
Alvarez, Juan M.	190	Florissant
Alvarez, Ulises C.	190	Florissant
Anderson, Clay M.	026	Columbia
Andrews, Paul E.	082	Springfield
Anslinger, David L.	190	Chesterfield
Arquette, Matthew A.	002	St. Louis
Atwood, Steven D.	002	Springfield
Azan, Kenneth N.	178	Sedalia
Baak, Steven W.	190	St. Louis
Back, Donald K.	082	Springfield
Baird, John B.	026	Columbia
***Baird, William A.**	082	Springfield
Baker, Eric K.	125	Kansas City
Baker, Tim E.	207	Washington
Barber, Christine S.	125	Roeland Park, KS
Barjenbruch, Peggy W.	014	Mexico
***Barrow, Chelmer L., Jr.**	190	Lake St. Louis
Bartell, Michael F.	190	St. Louis
Bartlett, Roderick M.	206	Houston
Bauer, Daniel J.	190	St. Louis
Bautz, James B.	125	Kansas City
Bauwens, Daniel B.	190	Chesterfield
Becker, Gregory L.	190	St. Louis
Benedict, William W.	190	Chesterfield
Bentley, John D.	082	Springfield
Berkowitz, Ellis R.	030	St. Joseph
Bernstein, Aaron M.	190	St. Louis
Best, John A.	190	Chesterfield
Bettonville, Peter V.	190	St. Louis
Biggs, Alfred D., Jr.	125	Kansas City
Blatt, Carl F.	207	Washington
Blum, Donald A.	190	St. Louis
Boldt, Thomas H.	190	Bridgeton
Bonsanti, Robert L.	190	Bridgeton
Borowsky, Benjamin A.	190	St. Louis
Bowe, Christopher C.	190	St. Louis
Bowen, William G.	190	St. Louis
Bowles, Danette L.	102	Neosho
Breite, Warren M.	106	Festus
Broaddus, Loren E.	082	Springfield
Brockman, M. Douglas	082	Springfield
Brody, Arnold G.	190	St. Louis
Brown, Barry D.	190	St. Louis
Burmeister, R. William	190	St. Louis
Burns, Edward L.	190	St. Louis
Burns, Thomas W.	026	Columbia
Buse, Paul E.	190	Chesterfield
Butin, Richard E.	125	Kansas City
Cabral, G.	190	Florissant
Cadiz, Briccio S., III	174	Ste. Genevieve
Camp, Alan D.	002	St. Louis
Campbell, J. William	190	St. Louis
Capapas, Lena R.	002	St. Louis
Cara, Elma E.	002	St. Louis
Carmichael, Kim A.	190	St. Louis
Caruso, A. Cosmo	125	Kansas City
Cary, John M.	190	Chesterfield
Caster, John P.	115	Springfield
Charles, Francois	190	St. Louis
Chaudhuri, Tapan K.	125	Raytown
Chern, Mou S.	206	Ava

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*Doctor of Osteopathy

Chouinard, Michael P.	202	Sikeston
Clark, Robert C.	030	St. Joseph
Clayton, William L., III	135	Duke
Coates, James G.	002	St. Louis
Cochran, Calvin D.	125	Kansas City
*Cohen, Donald L.	125	Overland Park, KS
Cohen, Hillard K.	190	St. Ann
Convery, Paul B.	190	St. Louis
Coppinger, Thomas A.	125	Kansas City
Corder, James C.	190	St. Louis
Crespin, Stephen R.	190	St. Louis
*Crowell, Tamara E.	125	Lee's Summit
Cruz, Sergio G.	166	Monett
Cryer, Philip E.	190	St. Louis
Cummings, Steven W.	190	Brentwood
Cunningham, Edwin J.	190	Chesterfield
Curry, Michael J.	189	St. Charles
*Daly, Michael M.	026	Columbia
Daniels, John S.	002	St. Louis
Danuser, Carol B.	026	Columbia
Davis, John M.	125	Kansas City
Delcambre, Marie A.	125	Kansas City
Dew, Thomas A.	190	Chesterfield
DeBelen, Arnold Z.	150	Canton
DeCastro, Edna C.	078	Chillicothe
DeFeo, Frederick G.	125	Kansas City
Diestelhorst, James A.	190	St. Louis
DiPasco, Donald J.	190	St. Louis
DiValerio, Richard M.	190	St. Louis
Dorton, Robert K.	190	St. Louis
Dorzab, Linda L.	125	Stilwell, KS
Duff, James E.	082	Springfield
Ellzey, Barbara A.	190	St. Louis
Enriquez, Roman S.	125	Kansas City
Evans, Andrew L.	002	Springfield
Farrell, Thomas M.	002	St. Louis
Favors, Adolphus C., Jr.	190	St. Louis
Fields, Larry E.	190	St. Louis
Fioretti, Gene	042	Cape Girardeau
Fischer, Robert	190	St. Louis
Fishman, Norman	190	Chesterfield
Fitch, Coy D.	190	St. Louis
Fleming, J. Will, Jr.	046	Moberly
Flotte, Sylvester A.	190	St. Louis
Flury, Kirk E.	190	St. Louis
Fogarty, William M., Jr.	190	St. Louis
Fortunato, Vincent P.	002	St. Louis
*Frank, Robert A.	125	Independence
Fraser, Victoria J.	190	St. Louis
Froehlich, Thomas W.	082	Springfield
Gale, Arthur H.	190	St. Louis
Galvez, Sisenando P.	078	Marceline
Garcia, Kathleen M.	190	St. Louis
Garfinkel, Bernard T.	190	St. Louis
Garriga, Francisco J.	190	Florissant
Gatchalian, Felicitas Z.	190	St. Louis
Geier, David L.	082	Springfield
Gendel, Jonathan	125	Lee's Summit
Ghosh, Nillima N.	190	St. Louis
Gill, Paul J.	082	Springfield
Giorgi, Lee V.	125	Kansas City
Glaser, Max J.	125	Kansas City
Glazer, Melvin L.	125	Kansas City
Golder, Robert E.	125	Kansas City
Goodenberger, Daniel M.	190	St. Louis
Gould, Ronald J.	190	St. Louis
Gray, Gary J.	190	St. Louis
Gregory, Mark H.	190	St. Louis
Griesbaum, Robert V.	190	St. Louis
Groesch, Scott D.	190	St. Louis
Gruenebaum, Steven A.	125	Overland Park, KS
Gupta, Vicram	030	St. Joseph
Gutierrez, Ernesto	190	Florissant
Guyol, William B., Jr.	190	St. Louis
Gysbers, Katherine E.	150	Hannibal
Hafer, Thomas E.	125	Belton
Hagen, Garrett A.	190	St. Louis
Haight, Randall D.	058	Jefferson City
Hale, Thomas H.	190	Manchester
Halpin, Stephen E.	150	Hannibal
Halsted, Robert W.	207	Washington
Halsted, Teresa M.	207	Washington
Hamburg, Eric D.	138	Farmington
Hamid, Zahid	158	Mound City
Hamly, Frederick N.	135	Rolla
Hammerman, Marc R.	190	St. Louis
Hassan, Anisa	102	Joplin
Hawatmeh, Sam	190	St. Louis
Hegde, Korgi V.	190	St. Louis
Heins, James N.	190	St. Louis
Hellam, Duane C.	082	Springfield
Henry, Joseph E.	050	Shawnee Mission, KS
Hill, M. Robert	190	St. Louis
Himes, Joyce B.	082	Springfield
Hintze, Paul F.	190	St. Louis
Hodge, Robert H., Jr.	026	Columbia
Hoeman, Michael D.	082	Springfield
Hoeper, Samuel D., Jr.	125	Kansas City
Hoffman, Leanna M.	078	St. Joseph
Hoffmann, Sandra S.	190	Chesterfield
Hogan, John R.	190	St. Louis
Holkins, John M.	125	Kansas City
*Hon, Sarah Jane	050	Liberty
Hudgins, Marianne B.	125	Kansas City
Irvin, William S.	026	Columbia
Jain-Roberts, Sangeeta	058	Jefferson City
Jamry, Wit A.	002	St. Louis
Jantz, Keith	125	Kansas City
Javdan, Ron	190	St. Louis
Jayamanne, Damasus S.	058	Jefferson City
Jedlinski, Michael T.	042	Cape Girardeau
Johnson, Eric J.	002	Chesterfield
Johnson, Kevin T.	190	Bridgeton
Joseph, Amy M.	002	St. Louis
Jotte, Richard P.	190	St. Ann
Kanagawa, Harold K.	058	Jefferson City
Kang, Young M.	206	West Plains
Kardesch, Milton	190	St. Louis
Karsh, Robert S.	190	St. Louis
Kaufman, Robert L.	190	St. Louis
Kauk, Bruce A.	050	N. Kansas City
Kaup, Chandra S.	190	Florissant
Kelly, John J.	190	St. Louis
Kichura, George M.	190	St. Louis
Kim, Chul	034	Poplar Bluff
King, Tinna P.	190	St. Louis
Kinsella, Peter W.	190	St. Louis
Kipnis, David M.	190	St. Louis
Kirkland, Jerry A.	050	Kansas City
Kissell, Richard W.	082	Springfield
Klearman, Micki	190	St. Louis
Klonoski, Richard F.	042	Cape Girardeau

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*Doctor of Osteopathy

Knowlton, Norman P., III Springfield	**082**
Kolb, Lisa G. Jefferson City	**058**
Krewet, Frank A., III St. Louis	**190**
Kuangparichat, Manoch Excelsior Spgs.	**118**
Kunst, Edward J. Manchester	**190**
Laird, John M. St. Louis	**190**
Landau, David W. St. Louis	**190**
Landsbaum, Charles J. Jefferson City	**058**
Latif, Azhar Lexington	**118**
LaMonda, Gary W. Columbia	**026**
Leeper, Sidlee W. Rocheport	**026**
Leitch, Steven M. Springfield	**082**
Letizia, Wayne L. Independence	**125**
Lewandowski, Molly J. Leawood, KS	**125**
Lila, Aram Excelsior Spgs.	**050**
Lilly, Douglas R. St. Louis	**190**
Lin, H. T. Moberly	**046**
Lobati, Frederick Shawnee, KS	**125**
Lockard, Orlyn O. St. Joseph	**030**
Loeb, Richard H. Springfield	**082**
Long, Priscilla E. Hannibal	**150**
Lovinger, Warren C., Jr. Nevada	**214**
Lyons, Daniel F. Springfield	**082**
Lyss, Carl A. St. Louis	**190**
Maben, Pamela S. Independence	**125**
Maben, Sam E. Kansas City	**125**
Mack, Marvin L. Columbia	**026**
Macleod, Angus St. Louis	**190**
MacGorman, Linda R. Springfield	**082**
Majors, Patrick F. St. Louis	**190**
Mallouk, Alexander G. Kansas City	**125**
Mantell, Jack M. Springfield	**082**
Margolis, David M. St. Louis	**190**
Martin, Chris J. Columbia	**026**
Mason, Mary V. Clayton	**190**
Mass, Joan H. St. Louis	**190**
Mathews, Jeffrey E. St. Louis	**190**
Mayus, Joseph L. Springfield	**082**
McCarthy, Christopher E. St. Louis	**190**
McCormack, Robert E. Kansas City	**125**
McDonald, James H. Kansas City	**125**
McDonald, Wallace St. Joseph	**030**
McGovney, Janice K. Kansas City	**050**
McGraw, James P. Liberty	**125**
McKeel, Thomas B. Kansas City	**125**
McKinley, Lois J. Kansas City	**125**
McLemore, Willie O. Kansas City	**125**
McMahon, Robert St. Louis	**190**
McMillen, James J. St. Joseph	**030**
***McNabb, M. Jeffery** Cape Girardeau	**042**
McNay, Jennifer A. Strafford	**082**
Mehra, Ravi St. Louis	**190**
Meidl, Erik J. Hannibal	**150**
Meldi, Dominic M. Springfield	**082**
Meltz, Gary J. St. Charles	**189**
Mihalevich, John A., Jr. Springfield	**082**
Miller, Dace L. Springfield	**082**
Miller, Donald Jefferson City	**058**
Miller, Michael R. Roeland Park, KS	**125**
Minnigerode, Turner L. Kansas City	**125**
Miskovsky, Emil F. St. Louis	**190**
Mitchell, Lynn D. Columbia	**026**
Molden, C. Scott St. Louis	**190**
Monaco, Michael Lee's Summit	**125**
Moore, John M. Kansas City	**002**
Morgan, Vincent I. Columbia	**026**
Moriconi, William J. St. Louis	**190**
Motchan, Dennis G. Bridgeton	**190**
Mruk, Jozef S. St. Joseph	**030**
Muchnick, Richard L. St. Louis	**190**
Muegge, F. David Springfield	**082**
Mullen, Mary E. Mexico	**014**
Mullican, Charles N. St. Joseph	**030**
Narayan, Dilip L. Chesterfield	**190**
Narkiewicz, Lawrence S. St. Louis	**002**
Nelson, Donald C. Springfield	**082**
Nicholas, Stephen P. St. Louis	**190**
Niesen, Anna R. St. Louis	**190**
Nix, J. Gustavo Bolivar	**066**
Novack, Mark A. Chesterfield	**190**
Nyazee, Muhammad A. Florissant	**190**
Nye, Terry R. Springfield	**082**
O'Connor, Mary C. Kansas City	**125**
O'Donnell, Susan M. Ste. Genevieve	**174**
O'Keefe, James H., Jr. Kansas City	**125**
Ockner, Samuel A. Chesterfield	**190**
Oertli, Robert St. Louis	**190**
Olsen, Teresa A. Springfield	**082**
Orlando, Louis A. Lee's Summit	**125**
Pagels, George A. Kansas City	**125**
Palazola, Joseph M. Kansas City	**125**
Paletta, Frank St. Louis	**190**
Paone, Douglas B. Kansas City	**125**
Park, Duk J. Festus	**106**
***Pasowicz, Timothy C.** Overland Park, KS	**125**
Patel, Indu B. Barnhart	**106**
Peck, William A. St. Louis	**190**
Pereira, MaryBeth St. Louis	**190**
Perez, Robert J. St. Louis	**190**
Perll, Michael F. Kansas City	**125**
Perryman, J. Chris Kansas City	**125**
Peterson, John E. Kansas City	**125**
Pfefer, Leland U. Columbia	**026**
Pfefferkorn, David A. Sikeston	**202**
Phillips, William J. Chesterfield	**190**
Pickering, Lee I. Independence	**125**
Piening, Kurt A. St. Charles	**189**
Pierce, Dan L. Columbia	**026**
Pineda, Hector O. St. Louis	**190**
Pineda, Juan J. Columbia	**026**
Podolsky, Howard S. St. Louis	**002**
Pogson, George W., III Independence	**125**
Ponstingl, Raana J. St. Louis	**190**
Portwood, Glen L. Kansas City	**125**
Postma, George S., Jr. Mission, KS	**125**
Potts, Dan E. Chesterfield	**190**
Powell, Kenneth R. Springfield	**082**
***Price, Deborah** Cape Girardeau	**042**
Proskey, Vincent J. Chesterfield	**190**
Purcell, Henry E. St. Louis	**190**
Purcell, Richard D. Springfield	**082**
Puro, Edward A. Florissant	**190**
Qureshi, Abdul R. St. Louis	**190**
Raju, Niranjana Ste. Genevieve	**174**
Randolph, Kerry A. Springfield	**002**
Rangineni, Rajagopal St. Joseph	**030**
Rau, Michael E. Washington	**207**
Rauba, Alan T. Jefferson City	**058**
Raybould, Michael W. Kansas City	**125**
Razzaq, Abdul St. Louis	**190**
Rearden, Timothy P. St. Louis	**190**
Reardon, Thomas F. St. Louis	**190**

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*Doctor of Osteopathy

Redington, James C., Jr.	St. Louis	190
Redmon, Conchita M.	Springfield	082
Reiss, Jacqueline L.	Chesterfield	190
Rice, Karen H.	Jefferson City	058
Richards, Dean D., III	Overland Park, KS	125
Riley, Joel Y.	St. Louis	002
Ring, Daniel S.	St. Louis	190
Riojas, Lisa A.	Rolla	135
***Rittman, Christopher J.**	Branson	208
Robison, Leon R.	Chesterfield	190
Rodriguez, Carlos F.	Hannibal	150
Rogers, James T.	Springfield	082
Romaker, Ann M.	Kansas City	125
Rosen, Larry A.	Independence	125
Rosenberg, David S.	Florissant	190
Ross, Robert M.	Kansas City	125
Rouse, Ernest T., III	St. Louis	190
Roxas, Generoso P.	St. Charles	189
Russell, John J.	Cape Girardeau	042
***Ryan, Timothy J.**	Marshall	198
Sagar, Satya J.	St. Louis	190
Saldana, Dahlia	Independence	125
Salibi, Habbouba	Chesterfield	190
Samet, John M.	St. Louis	190
Samuel, George P.	Doniphan	034
Sandiford, Patrick	St. Charles	189
Sanfelippo, John F.	Jefferson City	058
Sargent, Jennifer E.	Rolla	135
Schell, James A.	Creve Coeur	190
Scheperle, Mark A.	St. Louis	190
Schmid, Tania L.	St. Louis	190
Schmidt, Edwin H., III	St. Louis	190
Schnarr, William	St. Charles	189
Schneider, Paul G.	St. Louis	190
Schoenberger, John R.	Cape Girardeau	042
Schondelmeyer, R. Wade	Columbia	026
Schuessler, Wolfgang P.	St. Louis	190
Schwartzman, Neil R.	Lebanon	115
Scoles, Lyndell D.	Columbia	026
Scott, C. Alan	Marshall	198
Scott, Michael R.	Springfield	082
Scott, Robert W.	Springfield	082
Segall, Stephen A.	Poplar Bluff	034
Seidenfeld, John J.	St. Louis	190
Sertl, James F.	St. Louis	190
Shah, Riaz H.	Mexico	014
Shen, Anthony S.	St. Louis	190
Shniter, Lorinna	St. Louis	190
Shore, Bernard L.	St. Louis	190
Shuman, Robert B.	St. Louis	190
Silverstein, Randy B.	St. Louis	190
Singleton, Charles M., II	Kansas City	125
Sislen, Donald R.	St. Louis	190
Sly, Anne K.	Kansas City	125
Smalling, Ronnie G.	Springfield	002
Smith, Kenneth B.	Washington	207
Smith, Timothy W.	Kansas City	125
Smith, Timothy R.	St. Louis	002
Smoller, Martin B.	St. Louis	189
Sollars, Eric G.	St. Joseph	030
Sosna, Jacob P.	St. Louis	190
Spaedy, Tony	Columbia	026
Spearman, Michael L.	St. Louis	190
Spivack, Alan R.	Chesterfield	190
Sprague, Gita	St. Joseph	030
Spurgat, Robert M.	St. Joseph	030
Squitieri, Alphonse J.	St. Louis	190
Starke, Keith M.	St. Louis	002
***Steier, Kenneth J.**	Kansas City	125
***Steinbrecher, Janis M.**	Lee's Summit	125
Sterkel, Barbara B.	St. Louis	190
Stewart, James L.	Kansas City	050
Stiers, Julaine	Columbia	026
Stoffa, Maureen E.	St. Louis	190
Stone, Carissa M.	Kansas City	002
Stoner, Bradley P.	St. Louis	190
Strauss, Carl F.	Kansas City	125
Stronach, Linda L.	St. Louis	190
Stuber, Robert R.	St. Joseph	030
Suarez-Solar, Pedro L., Jr.	St. Louis	190
Sullivan, William W.	St. Louis	190
Suwannasri, Rudee	St. Louis	190
Swaykus, Bernard T.	Bridgeton	190
Sylvanovich, W. Richard	St. Louis	190
Tanphaichitr, Kongsak	St. Louis	190
Tansuwan, Chukiat	St. Louis	190
Tariq, Manzoor A.	St. Louis	190
Taylor, William K.	Springfield	082
Tepper, Arnold	St. Louis	190
Thanawalla, Shaukat A.	Mexico	014
Thesing, John A.	Lenexa, KS	125
Thompson, Randall C.	Shawnee Mission, KS	125
Thomson, William M.	Chesterfield	190
Threats, Susan C.	St. Louis	190
Thyssen, Erik P.	St. Louis	190
Titterington, Frank W.	Kansas City	125
Torontow, R. John	Nevada	214
Toubes, Daniel B.	Kansas City	125
Tracy, Michael D.	Houston	206
Trentham, Orin P., III	Joplin	102
Tripathy, Sanchayita	Rolla	135
Trotter, W. Yates	Springfield	082
Trygg, Kelly A.	Springfield	066
Tucker, Leslie E.	Washington	207
Tuteur, Peter G.	St. Louis	190
Uhrig, Jack R.	Marshall	198
VanGoidsenhoven, Guy E.	St. Louis	190
VanVoorn, Catherine M.	Columbia	026
Varma, Devendra K.	Poplar Bluff	034
Vatterott, Paul B., Jr.	Chesterfield	190
Vibulakaopun, Pairat	Bonne Terre	138
Vogt, Douglas	Columbia	026
Wade, Kim C.	Kansas City	125
Wagan, Primitiva C.	St. Louis	190
Wald, Stanley M.	St. Louis	190
Walden, James M.	Kansas City	125
Walker, Harvey, Jr.	St. Louis	190
Walsh, James W.	St. Louis	190
Wantuck, Donald K.	Springfield	082
Weinstock, Leonard B.	St. Louis	190
Wethers, Darren E.	St. Louis	190
Weyerich, Noel F.	St. Louis	190
Whitman, Daniel S.	Kansas City	125
Whittaker, Thomas J.	Kansas City	125
Williams, R. Jerome, Jr.	St. Louis	190
Wilt, David A.	Kansas City	125
Winship, Daniel H.	Columbia	026
Woodley, Michele C.	St. Louis	190
Woody, Matthew B.	N. Kansas City	125
Woolery, William G.	Sedalia	178
***Wright, Robert A.**	St. Louis	190
Wright, William P.	St. Louis	190

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*Doctor of Osteopathy

Wuellner, David H.	178	Sedalia
Yerra, Shanti S.	082	Springfield
Yoxall, Kelly E.	125	Kansas City
Yu, Simon M.	190	St. Louis
Zerr, Charles H.	125	Independence
Zimmerman, Herbert B.	190	St. Louis
Zylka, J. Michael	190	St. Louis

Maternal & Fetal Medicine (MFM)

Amon, Erol	190	St. Louis
Dix, Patricia M.	082	Springfield
Hess, L. Wayne	026	Clark
Sunderji, Shiraz	190	St. Louis

Maxillofacial Surgery (MFS)

Cornella, Frank A.	082	Springfield
Gipson, J. David	082	Springfield

Internal Medicine/ Pediatrics (MPD)

Aydt, Sarah A.	042	Cape Girardeau
Keithahn, Stephen T.	026	Columbia

Neurology (N)

Abrams, Bernard M.	125	Kansas City
Adelmann, Eugene	190	St. Louis
Applegate, Clara	206	West Plains
Arkin, Steven M.	125	Kansas City
Arora, Ravinder S.	178	Sedalia
Asher, Irving M.	026	Columbia
Awadalla, Sylvia	190	St. Louis
***Belson, Ian L.**	125	Kansas City
Bettinger, Irene E.	125	Kansas City
Bhothinard, Bhisit	034	Poplar Bluff
Brownsworth, Ronnie D.	082	Springfield
Carter, Dale M.	082	Springfield
Chaudhari, A. Basit	042	Cape Girardeau
Choi, Dennis W.	190	St. Louis
Cooper, V. Kent	125	Kansas City
Cravens, Lizbeth D.	125	Kansas City
Cuddihee, Robert E.	190	St. Louis
Dean, Philip D.	189	Lake St. Louis
Dexter, James D.	120	Osage Beach
Dobmeyer, Susan M.	190	St. Louis
Hanaway, Joseph	190	St. Louis
Hatlelid, J. Michael	190	St. Louis
Hoffmann, Lee M.	125	Shawnee Mission, KS
Hogan, Patrick A.	190	St. Louis
Hooshmand, Ahmad	058	Jefferson City
Horenstein, Simon	190	Chesterfield
***Hosley, Brett D.**	150	Hannibal
Kader, Gihan A.	190	Chesterfield
Lee, David Y. S.	042	Cape Girardeau
Lin, Chi-Hsi	082	Springfield
Luzecky, Michael H.	082	Springfield
Makos, Mignon M.	030	St. Joseph
Matovich, Violet B.	125	Kansas City
McLaren, David L.	026	Columbia
***Mellies, Steven D.**	042	Cape Girardeau
Myers, Gary H.	190	Chesterfield
Otto, Steven M.	082	Springfield
Peeples, David M.	190	St. Louis
Phillips, Daniel	190	St. Louis
Quinn, Rodney D.	082	Springfield
Reisler, David M.	190	Chesterfield
Reiss, Jeanne E.	125	Kansas City
Robinson, Jay G.	125	Independence
Rymer, Marilyn M.	125	Kansas City
Sahota, Pradeep K.	026	Columbia
Schultz, Earl R.	190	St. Louis
Selhorst, John B.	190	St. Louis
Shakil, Mohammad	042	Cape Girardeau
Sher, Allyn L.	026	Columbia
***Sherrod, Glenn M.**	190	Bridgeton
Shuter, Eli	190	St. Louis
Simowitz, Fredric M.	189	St. Charles
Sohn, Richard	190	St. Louis
***Stahly, Randall L.**	042	Cape Girardeau
***Turpin, F. Duane**	190	Bridgeton
Weinstein, Charles L.	125	Kansas City
Weiss, Howard	190	St. Louis
Weiss, Stuart	190	St. Louis
Yanover, Robert A.	190	St. Charles
Yu, Mario K.	125	Kansas City

Nephrology (NEP)

Aboul-Magd, Ahmed	042	Cape Girardeau
Benson, Larry E.	050	N. Kansas City
Birenboim, Nancy	125	Kansas City
Braxton, Frank W.	042	Cape Girardeau
Brown, Susan H.	030	St. Joseph
Dobyan, Dennis C.	030	St. Joseph
Garcia, Juan C.	190	St. Louis
Langley, Harriet S.	125	Kansas City
Mir, A. Rauf	125	Kansas City
Redington, James C.	050	N. Kansas City
Thomas, Alexis G.	125	Kansas City
Winkelmeyer, William K.	026	Columbia

Nuclear Medicine (NM)

Ho, Judith E.	190	St. Louis
Long, Stephen E.	082	Springfield
Siegel, Barry A.	190	St. Louis

Neonatal-Perinatal Medicine (NPM)

Pettett, Gary	125	Parkville
Thibeault, Donald W.	125	Kansas City

Nuclear Radiology (NR)

Mosher, Amy A.	190	St. Louis

Neurology/ Diagnostic Radiology/ Neuroradiology (NRN)

Diemer, David P.	190	St. Louis
Levine, Richard S.	190	St. Louis
Thomasson, Jeffrey L.	190	St. Louis

Neurological Surgery (NS)

Albanna, Faisal J.	190	St. Louis
Backer, Robert J.	190	St. Louis
Bailey, Gregory J.	190	St. Louis
Blatt, Geoffrey L.	125	Kansas City
Boland, Michael F.	190	Chesterfield
Bondurant, Charles P.	026	Columbia
Briggs, Thomas B.	082	Springfield
Bucholz, Richard D.	190	St. Louis
Camarata, Paul J.	125	Kansas City
Cheung, K. Charles	042	Cape Girardeau
Chicoine, Michael R.	190	St. Louis
Chilton, Jonathan D.	125	Kansas City
Clough, Charles A.	125	Kansas City
Colapinto, Edward V.	026	Columbia
Cole, Harry O.	190	Chesterfield
Copeland, Michael L.	125	Independence
Cox, Curtis S.	058	Jefferson City

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Crafts, David	190	St. Louis
Dacey, Ralph G., Jr.	190	St. Louis
Daus, Arthur Steven	102	Joplin
Ditmore, Q. Michael	026	Columbia
Dowling, Joshua L.	190	St. Louis
Dunn, Robert C., Jr.	190	Washington
Ferguson, John F.	082	Springfield
Fritz, David P.	125	Kansas City
Gall, Clifford M.	125	Overland Park, KS
Gibbs, Scott R.	042	Cape Girardeau
Gold, Jonathan A.	190	St. Louis
Grubb, Robert L., Jr.	190	St. Louis
Hanson, E. Jerome	125	Kansas City
Henderson, Jaimie M.	190	St. Louis
Hoffman, William F.	190	St. Louis
Hornig, Gregory W.	125	Overland Park, KS
Jimenez, David F.	026	Columbia
Kaufman, Andrew B.	125	Kansas City
Kaufman, Bruce A.	190	St. Louis
Kennedy, David G.	190	St. Louis
Kitchens, Daniel L.	190	St. Louis
Krettek, John E.	190	Chesterfield
Mace, J. Charles	082	Springfield
Madsen, Parley W.	190	St. Louis
Majzoub, Hish S.	102	Joplin
Marchosky, J. Alex	190	Chesterfield
Martin, Stanley B.	189	St. Charles
Mendelsohn, George E.	190	Chesterfield
Mollman, H. Dennis	190	Chesterfield
Mujica, Patricio H.	030	St. Joseph
Nichols, Margaret E.	102	Joplin
Olson, John P.	030	St. Joseph
Oro, John J.	026	Columbia
Park, Kee B.	042	Cape Girardeau
Picker, Selwyn	190	St. Louis
Ray, Joel W.	042	Cape Girardeau
Reintjes, Stephen L.	125	N. Kansas City
Rich, Keith M.	190	St. Louis
***Routsong, Rodney T.**	190	Lima, OH
Scodary, Daniel J.	190	Bridgeton
Shealy, C. Norman	082	Fair Grove
Sheehan, Paul J.	190	Bridgeton
Sherrill, Joseph E.	190	St. Louis
Smith, Kenneth R., Jr.	190	St. Louis
Stohr, Paul E.	189	St. Charles
Walker, Gregory E.	125	Independence
Wilkinson, David	190	St. Louis
Yingling, David G.	042	Cape Girardeau
Yoon, Kong-Woo	190	St. Louis
Young, Paul H.	190	St. Louis

Obstetrics & Gynecology (OBG)

Ahlering, George P.	190	St. Louis
Ahlum, Sandra J.	150	Hannibal
Ahmad, Nusrat J.	190	Chesterfield
Anstey, John T.	190	St. Ann
Appelbaum, John K.	190	St. Louis
Azan, Abraham N.	178	Sedalia
Baalmann, Laura A.	190	St. Louis
Bagwe, Lata R.	190	St. Louis
Bale, Robert D.	190	St. Louis
Barlet, Elizabeth	102	Joplin
Batts, Barbara A.	125	Kansas City
Baumann, Daniel J.	190	St. Louis
Becker, Robert L.	190	St. Louis
Beckmann, Charles R.B.	125	Kansas City
Beguin, Everett A., Jr.	082	Springfield
Behrend-Uhls, Ann E.	042	Cape Girardeau
Belew, Joe E.	190	Chesterfield
Benitez, Jose A.	190	St. Louis
Blaskiewicz, Robert J.	190	St. Louis
Boedeker, James P.	190	St. Louis
Borello, Dan J.	102	Joplin
Bosche, Alfred J.	190	Chesterfield
Bosscher, James R.	082	Springfield
Botney, Kathryn	190	St. Louis
Boveri, Lawrence V.	002	St. Louis
Boyd, Craig W.	190	St. Louis
Brennan, James M.	190	St. Louis
Brennan, Richard X.	190	St. Louis
Brennan, Robert A., Jr.	190	St. Louis
Brown, Cynthia L.	034	Poplar Bluff
Brown, Robert J.	189	St. Charles
Bruno, Francis E.	174	Ste. Genevieve
Bruno, Patrick L.	058	Jefferson City
Burks, Michael L.	026	Columbia
Burstein, Robert	190	St. Louis
Burtman, Mark L.	150	Hannibal
Caffrey, Robert T.	002	Independence
Callaghan, Gerard M.	190	St. Louis
Camejo, Manuel	082	Springfield
Cannon, Jenifer M.	190	St. Louis
Caputo, Cynthia J.	125	Blue Springs
Cargill-Hickman, Dianna L.	050	Liberty
Carpino, Stephanie J.	125	Independence
Caruso, Peter J.	125	Kansas City
Casey, Arthur L.	190	St. Louis
Cernik, Christine C.	190	Chesterfield
Chesney, John W.	102	Joplin
Chirino, Octavio R.	190	St. Louis
Chod, Ronald J.	190	St. Louis
Clark, Larry K.	102	Joplin
Clarke, Paul W.	042	Cape Girardeau
Cooper, Robert L., II	110	Warrensburg
Coordes, Kathleen M.	190	St. Louis
Corder, Robert L.	030	St. Joseph
Cornwell, Karen R.	125	Kansas City
Cox, Jeffrey L.	102	Joplin
Coyne, Patrick M.	190	St. Louis
Crane, James P.	190	St. Louis
Dagartzikas, A. K.	190	St. Louis
Dahm, Charles H., Jr.	190	St. Louis
Davidson, Raymond P.	190	St. Louis
Dement, Oman E.	102	Joplin
Dieterich, Russell B.	189	St. Charles
Doan, Laura B.	125	Raytown
Dowd, Thomas R.	125	Independence
Driskell, Karen K.	125	Kansas City
Durel, Justin H.	190	St. Louis
Eachempati, Uma R.	190	Arnold
Easley, Kevin O.	190	St. Louis
Eaton, Paula	125	Kansas City
Ekunno, Josiah O.	190	Florissant
Elbendary, Al A.	190	St. Louis
Fast, Robert E.	030	St. Joseph
Ferns, Francis E.	125	Kansas City
Ferris, Robert E.	058	Jefferson City
Friesen, Randall G.	189	St. Charles
Gardner, Joe A.	102	Joplin
Garrison, David L.	030	St. Joseph
Gearhart, Beth J.	190	St. Louis
Gearhart, David L.	190	St. Louis

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Gimpelson, Richard J.	**190**	Chesterfield
Gocking, C. Keith	**030**	St. Joseph
Goldman, Gordon M.	**190**	St. Louis
Grant, Kenneth E.	**190**	St. Louis
Grant, Laura L.	**026**	Columbia
Grant, William M.	**026**	Columbia
Grechus, John J.	**138**	Farmington
Green, James R.	**026**	Jefferson City
Green, Thomas F.	**125**	Independence
Griffin, William T.	**026**	Columbia
Grimm, Mary T.	**190**	Chesterfield
Gulick, C. Richard	**190**	St. Louis
Gutknecht, Richard	**125**	Independence
Hahn, Yoram	**190**	Florissant
Halberstadt, Cathanie W.	**125**	Kansas City
Handler, Michael R.	**190**	St. Louis
Hanley, Thomas P.	**190**	St. Louis
Hartman, Richard A.	**190**	St. Louis
Haskins, Robert D., Jr.	**082**	Springfield
Hawley-Bowland, Carla G.	**135**	Ft.Leonard Wood
Hayes, Kimberly W.	**125**	Kansas City
Hazan, Joseph	**190**	Bridgeton
Heller, Randall L., Jr.	**190**	St. Louis
Herzog, Godofredo M.	**190**	Hazelwood
Hickey, James L.	**190**	St. Louis
Hill, Randy C.	**082**	Springfield
Hoja, John M.	**034**	Poplar Bluff
Houck, William E.	**190**	Chesterfield
Hubbell, George P.	**120**	Osage Beach
Hulbert, Laura R.	**190**	St. Louis
Huse, William J., II	**125**	Kansas City
Huster, Robert M.	**050**	Liberty
Ishida, Yasuo	**190**	St. Louis
Jantsch, Deborah A.	**125**	Kansas City
Johar, Ravi S.	**190**	Bridgeton
Johnson, Joseph C., Jr.	**082**	Springfield
Jones, Jeffrey T.	**102**	Joplin
Jones, Michael D.	**014**	Mexico
Keisler, Lydia W.	**058**	Jefferson City
Kelly, John B.	**102**	Joplin
Kline, James	**030**	St. Joseph
Korba, Christiane K.	**207**	Washington
Kratz, Donald P.	**082**	Springfield
Kuebel, Richard J.	**190**	St. Louis
Kumari, Vijaya	**190**	St. Louis
Lacey, Hugh L.	**102**	Joplin
Lamping, J. Daniels	**190**	Chesterfield
Lehnert, Darren L.	**082**	Springfield
Lemberger, Michelle R.	**125**	Independence
Levy, Edward S.	**002**	St. Louis
Lieberman, Scott A.	**002**	Bridgeton
Lin, C. H.	**046**	Moberly
Lintecum, Frederick B.	**125**	Kansas City
Lockwood, Gary F.	**125**	Kansas City
Madduri, Aruna D.	**034**	Poplar Bluff
***Madsen, Dana M.**	**058**	Jefferson City
Magaletta, George E.	**002**	St. Louis
Maitz, Carlos A.	**190**	St. Ann
Mani, Mary E.	**190**	St. Louis
Marshall, William H.	**058**	Jefferson City
Martin, Daniel J., Sr.	**190**	St. Louis
Matile, Gerald U.	**125**	Kansas City
Maupin, Kathy C.	**190**	Florissant
Maxson, Katherine A.	**190**	Chesterfield
Maynard, Colleen M.	**125**	Kansas City
McBride, Marsha M.	**190**	St. Louis
McCorcle, Marcus D.	**082**	Springfield
McDavid, Robert E.	**026**	Columbia
McLaughlin, Richard D.	**082**	Springfield
Medler, John F.	**190**	St. Albans
Middleton, Jerry N.	**190**	Chesterfield
Miller, Gerald L., Jr.	**125**	Kansas City
Mistry, Tehmton S.	**190**	Columbia, IL
Moeller, F. Delbert	**189**	Lake St. Louis
Monterubio, Fred R., Jr.	**190**	St. Louis
Mooney-Smith, Patricia	**125**	Kansas City
Moreton, David W.	**026**	Columbia
Morley, Mary A.	**190**	Chesterfield
Morris, Terry V.	**125**	Independence
Muckerman, Richard C., II	**190**	St. Louis
Murdock, Nathaniel	**190**	St. Louis
Nagy, Rickey E.	**125**	Kansas City
Newport, Gerald	**190**	Florissant
Nickell, Margaret B.	**125**	Kansas City
Nouri, Hassan	**190**	St. Louis
Nunnelee, Keith H.	**190**	Chesterfield
Oberkrom, David W.	**178**	Sedalia
Ohlhausen, Ward W.	**050**	Liberty
Ojascastro, Lou	**190**	St. Louis
Ong, Ofelia S.	**190**	St. Louis
Ostapowicz, Tamara L.	**190**	St. Louis
Ott, Harold J., II	**190**	St. Louis
Ott, William J.	**190**	St. Louis
Otto, William J.	**082**	Springfield
Padilla, Teresita C.	**190**	Chesterfield
Patty, Carl F.	**034**	Poplar Bluff
***Patty, John R.**	**034**	Poplar Bluff
Paul, Michael J.	**190**	St. Louis
Pearman, Carl C.	**002**	Anna Maria, FL
Pearse, Carlton S.	**190**	Chesterfield
Pearson, William E.	**190**	St. Louis
Perez, Nelson	**070**	Kennett
Perryman, Douglas R.	**125**	Kansas City
Phillips, Granville J.	**110**	Warrensburg
Philpott, Timothy C.	**190**	St. Louis
Poole, Anthony G.	**202**	Sikeston
Potts, Gregory A.	**207**	Washington
Pringle, Scot G.	**042**	Cape Girardeau
Pryor, Carolyn J.	**190**	Florissant
Puckett, Lynn M.	**026**	Columbia
Pyeatte, Jacob P., Jr.	**042**	Cape Girardeau
Radley, Anne M.	**190**	Florissant
Redfern, David L.	**082**	Springfield
Reynolds, Richard R.	**125**	Kansas City
Rice, Lee Roy	**102**	Joplin
Richardson, Curtis J.	**030**	St. Joseph
Roberts, Christopher H.	**102**	Joplin
Robinson, Gary L.	**082**	Springfield
Rodrigue, Linda A.	**190**	Florissant
Rosenquist, Chris R.	**042**	Cape Girardeau
Sachar, Jerome D.	**190**	St. Louis
Saha, Sudha R.	**190**	St. Louis
Schaberg, Kevin B.	**190**	Chesterfield
Schuetz, Evelyne G.	**189**	St. Charles
Schwartz, Howard I.	**125**	Kansas City
Shaner, Thomas P.	**190**	St. Louis
Shroff, Kumkum	**190**	St. Louis
Shultz, Thomas M.	**082**	Springfield
Siripipat, Pallop	**014**	Mexico
Smiley, William L.	**190**	St. Louis
Smith, Brenda S.	**125**	Kansas City
Smith, Roger P.	**125**	Kansas City

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Snowden, Kent L.	St. Louis	190
Sopuch, John A.	St. Louis	190
Stamps, Gregory S.	Springfield	082
Stein, J. Christopher	Springfield	082
Streiff, Maria G.	St. Louis	190
Strobach, Kurt F.	St. Louis	190
Stuppy, Mark S.	Springfield	082
Su, Philo S.	Jefferson City	058
Tegeler, Kent E.	Liberty	050
Tendai, Mark M.	Springfield	082
Thomas, Jonathan L.	Cape Girardeau	042
Thompson, M. Bryant	Chesterfield	190
Thornton, Michael K.	St. Peters	106
Ting, Matthew H.	Springfield	082
Tobey, Albro C., Jr.	St. Louis	190
Tobler, Randall W.	St. Louis	190
Trammell, Lee W.	Columbia	026
Triplett, Daniel A.	Liberty	050
Trumbower, William D.	Columbia	026
Turano, William L.	Raytown	125
Van Dyke, Elmer H.	Sedalia	178
Veligati, Padma	St. Joseph	030
Villamar, Elizabeth N.	St. Louis	190
Wagner, Daniel G.	Chesterfield	190
Walker, Gary K.	Springfield	082
Wallace, Darryl L.	Kansas City	125
Walley, Lynn J.	Hannibal	150
Walsh, Barbara A.	St. Louis	190
Wasserman, Mark S.	St. Louis	190
Weinstein, David L.	St. Louis	190
Werner, Caroline A.	Florissant	190
Wheeler, Paul D.	Liberty	050
White, Eugene F.	Rolla	135
Whitten, J. Stephen	Cape Girardeau	042
Wilbois, Ronald P.	St. Louis	190
Williams, Fred	Columbia	026
Williams, John W., IV	Springfield	002
Wolaniuk, Anna C.	St. Charles	190
Womack, Stephanie E.	Columbia	026
Wright, Andy J.	Springfield	082
Yahnke, David G.	Farmington	138
Yang, John S.	Ste. Genevieve	174
Yeast, John D.	Kansas City	125
Yoon, Jin S.	Chillicothe	078
Youngblood, James P.	Kansas City	125

Occupational Medicine (OM)

Belz, Norbert T.	Nixa	082
Black, William R.	Neosho	102
*Bynum, Carl G.	Jefferson City	058
*Cooper, Glen E.	Columbia	026
Covert, Richard A.	St. Louis	190
*Fortune, Gary J.	Marthasville	002
Jaffe, Daniel M.	St. Louis	190
Kagan, Stuart M.	Kansas City	125
Kopp, Shelby K.	St. Louis	190
Meadows, C. Douglas	St. Louis	190
Patel, Ashokkumar B.	St. Louis	190
Vale, Janie R.	Columbia	026
*Wakwaya, Temesgen	Kansas City	050

Oncology (ON)

Belt, Robert J.	Kansas City	125
Bloss, Jeffrey D.	Columbia	026
Carolla, Robert L.	Springfield	002
Coe, Tracy L.	Joplin	102
Croy, David W.	Joplin	102
Cunningham, William F.	Springfield	082
Dorr, Vicki	St. Louis	002
Eckardt, John R.	St. Louis	002
Fleming, Allan R.	Kansas City	125
Goodwin, J. Wendall	Springfield	082
Hanson, Karl H.	Kansas City	125
Honeycutt, Pamela J.	Columbia	026
Hoos, Gary L.	Springfield	082
Janney, Stephen K.	St. Louis	190
Khojasteh, Ali	Columbia	026
LaFrancis, Irving E.	Joplin	102
Morris, R. William	St. Louis	190
Ota, David M.	Columbia	026
Perry, Michael C.	Columbia	026
Picus, Joel	St. Louis	002
Schlossman, David M.	Columbia	026
Schultz, Paul K.	St. Louis	190
Sheehan, Maureen H.	Overland Park, KS	125
*Stillie, G. Donald	Kansas City	125
Van Amburg, Albert L., III	Chesterfield	190
Waheed, Shahid	Mexico	014

Ophthalmology (OPH)

Amin, Navin J.	St. Louis	190
Avins, Laurence R.	St. Louis	190
Bauman, Alan E.	Kansas City	125
Becker, Stanley C.	St. Louis	190
Becker, William L.	St. Louis	190
Benedett, Robert E.	Springfield	082
Berdy, Gregg J.	St. Louis	190
Blair, Jerry R.	Columbia	026
Blatt, Andrew	St. Louis	190
Bohigian, George M.	St. Louis	190
Bonham, Roger D.	Columbia	026
Boniuk, Isaac	St. Louis	190
Bowen, Stephen F., Jr.	St. Louis	190
Brady, Harry R.	St. Louis	190
Brigham, David W.	Ballwin	190
Burgess, Dean	St. Louis	190
Cable, Melissa G.	Independence	125
Chang, Caroline M.	Kansas City	125
Chishti, M. Ishaq	St. Louis	190
Chu, Fred C.	Chesterfield	190
Clever, Victor G.	St. Charles	189
Cokingtin, Cliff	Overland Park, KS	125
Cowden, John W.	Columbia	026
Cozean, Charles H.	Cape Girardeau	042
Cundiff, H. Clay	Independence	125
Curran, Terrence	Kansas City	125
Davidson, Joseph K.	Cape Girardeau	042
Dehning, Doug O.	Independence	125
Deligeorges, John	Kansas City	002
DeGuire, John J.	Florissant	190
Doane, John F.	Independence	125
Durrie, Daniel S.	Shawnee Mission, KS	125
Dyer, David S.	Kansas City	125
Eggleston, Harry C.	St. Louis	190
Ellis, Jean H.	Kansas City	125
Essman, Thomas F.	Springfield	082
Faulkner, C. Byron	Springfield	082
Feibel, Robt M.	St. Louis	190
Feman, Stephen S.	St. Louis	190
Fitz, John R.	Farmington	138
Gabel, Michael G.	St. Louis	190
Gans, Lawrence A.	Florissant	190
Gemperli, Amy W.	Shawnee Mission, KS	125

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Gessler, James A.	082	Springfield
Goltschman, John P.	190	Florissant
Gramates, Peggy H.	190	Florissant
Grand, M. Gilbert	190	St. Louis
Green, Morton R.	190	Belleville, IL
Hagan, John C., III	050	N. Kansas City
Hart, William M., Jr.	190	St. Louis
Hartstein, Morris E.	002	Florissant
Hinshaw, Kevin D.	190	St. Louis
Holds, John B.	190	St. Louis
Holekamp, Timothy	026	Columbia
Jefferson, Andrew J.	125	Kansas City
***Jordan, Earl L., Jr.**	102	Joplin
Joseph, Daniel P.	002	St. Louis
Kamenetzky, Stephen A.	190	St. Louis
Kaplan, Henry J.	190	St. Louis
Kapp, Marybeth	042	Cape Girardeau
Kass, Michael A.	190	St. Louis
Kayes, Jack	190	St. Louis
Keithahn, Mari A.Z.	026	Columbia
Kenneally, Cynthia Z.	190	St. Louis
Khatana, Anup K.	125	Kansas City
Kies, Richard L.	042	Cape Girardeau
Knopf, Harry L.	190	St. Louis
Kolker, Allan E.	190	St. Louis
Korenfeld, Michael S.	207	Washington
Kretchmar, Alan P.	190	St. Louis
Krishna, Rohit	125	Kansas City
Krummenacher, Thomas K.	190	St. Louis
Lederer, Charles M., Jr.	125	Kansas City
Lee, King Y.	125	Shawnee Mission, KS
Lee, Steven F.	002	St. Louis
Leibsohn, Joel M.	125	Independence
Lentz, Kathy J.	207	Washington
Levy, Donald S.	189	St. Charles
Lewin, W. Howard	190	St. Louis
Lewis, Matthew T.	058	Jefferson City
Lewis, Robert D.	190	St. Louis
Lubniewski, Anthony J.	190	St. Louis
Luetkemeyer, James G.	058	Jefferson City
***Lumsden, Todd J.**	042	Cape Girardeau
Lyon, David B.	125	Kansas City
MacKenzie, Douglas L.	125	Blue Springs
Matta, Camille S.	125	Kansas City
Mattax, James B., Jr.	082	Springfield
McKnight, Scott J.	050	Liberty
Mehlhorn, Gary L.	082	Springfield
Michaels, Robert H.	082	Springfield
Milder, Barry D.	190	St. Louis
Morey, Kirk P.	190	St. Louis
Morgan, Stephan S.	190	St. Louis
Morrison, Tom V.	208	Branson
Murphy, James A.	030	St. Joseph
Neu, Kenneth W.	082	Springfield
Neu, Leo T., III	082	Springfield
O'Donnell, Francis E.	190	St. Louis
Ogden, J. Timothy	102	Joplin
Parker, Derrall A.	042	Cape Girardeau
Perlmutter, John C.	189	St. Charles
Pernoud, Flavius G., III	190	St. Louis
Pernoud, Joan M.	190	St. Louis
Peterson, Craig A.	082	Springfield
Piebenga, Larry W.	125	Kansas City
Pojanasomboon, Pichat	135	Las Vegas, NV
Poulose, Abraham K.	125	Kansas City
Prater, Thomas G.	082	Springfield
Price, Patrick K.	125	Shawnee Mission, KS
Purcell, John J., Jr.	190	St. Louis
Rahman, Moudur	190	Chesterfield
Reddy, Nalini A.	206	West Plains
Rednam, Krishnarao V.	190	St. Louis
Ridgeway, William G.	190	St. Louis
Rieger, Frank G.	026	Columbia
Ringer, C. Nelson	042	Cape Girardeau
Rogers, Casey	014	Mexico
Rosenthal, William N.	125	Kansas City
Sabates, Felix N., Sr.	125	Kansas City
Sabates, Nelson R.	125	Kansas City
Sabates, Roland	125	Kansas City
Samudrala, Ramulu	190	St. Louis
Schnellmann, Donald C.	190	Granite City, IL
Schoengarth, Lowell D.	026	Columbia
Schrenk, Loren C.	190	St. Louis
Scott, Wendell J.	082	Springfield
Seligson, Michael S.	125	Kansas City
Shah, Ramesh R.	102	Joplin
Shelton, R. Wayne	082	Springfield
Short, Howard N.	207	Washington
Silverstein, Steven M.	125	Kansas City
Slocum, Stephen G.	190	St. Louis
Smith, Porter	070	Poplar Bluff
Spalding, Wilber B., Jr.	125	Shawnee Mission, KS
Spurrier, Mark H.	190	St. Louis
Stafford, Walter R.	190	St. Louis
Stewart, L. Paul	190	St. Louis
Stiles, Michael C.	125	Kansas City
Stout, Carl N.	125	Independence
Taylor, John R.W.	125	Independence
Tekwani, Hiralal T.	190	St. Louis
Tess, Allen F.	190	Florissant
Thomas, Matthew A.	190	St. Louis
Tobin, Robert F.	030	St. Joseph
Tsai, Linda	190	St. Louis
Unterman, Steven R.	125	Kansas City
Unwin, Donald R.	190	St. Louis
Walline, T. Andrew	125	Kansas City
Wankum, Robert P.	058	Jefferson City
Watson, R. Alan	030	St. Joseph
Wax, Martin B.	190	St. Louis
Westrich, David J.	042	Cape Girardeau
Wexler, Stephen A.	190	St. Louis
White, William L.	125	Kansas City
Wieder, Richard H.	190	St. Louis
Wurster, Jerry B.	125	Kansas City
Yang, H. Kell	026	Columbia
Ziemianski, Matthew C.	125	Kansas City

Orthopedic Surgery (ORS)

Abernathie, Dennis L.	026	Columbia
Alander, Dirk H.	125	Kansas City
Allen, William Corwin	026	Columbia
Anderson, David J.	190	St. Louis
Anglen, Jeffrey O.	026	Columbia
Aubuchon, Craig E.	190	St. Louis
Baldwin, Richard, Jr.	190	St. Louis
Ball, David A.	102	Joplin
Banwart, J. Christopher	102	Joplin
Bassman, Donald R.	190	St. Louis
Beall, McPherson S., Jr.	125	Kansas City
Beckett, Wm. Wilson	026	Columbia
Belew, Mark	190	Florissant
Bernhardt, Mark	125	Leawood, KS
Bieniek, Christopher M.	150	Hannibal

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*Doctor of Osteopathy

Black, David L. Joplin	102
Blair, Vilray P., III St. Louis	190
Bohn, William W. Olathe, KS	125
Bonar, Susan K. Kansas City	125
Boylan, Peter C. Kansas City	125
Bradbury, George R., III Bridgeton	190
Bruce, Robert P. Kansas City	125
Buchert, Peter K. Columbia	026
Burke, James S., Jr. St. Louis	190
Burleigh, Bruce W. Joplin	102
Burns, Michael F. St. Louis	190
Burton, Curtis D. Hannibal	150
***Cameron, Roger W.** Jefferson City	058
Chalk, David E. Washington	207
Cho, Kyu S. St. Louis	190
Clarke, Michael S. Springfield	082
Clothiaux, Pierre L. Springfield	082
Clymer, David J. Kansas City	125
Collins, John W., Jr. Independence	125
Cordell, Larry D. Kansas City	125
Couchman, Ryan W. St. Louis	190
Cunningham, R. Raymond Columbia	026
Curnow, Richard B. Liberty	050
Davis, Leonard L. Columbia	014
Davis, Richard V. Hannibal	150
Deweese, Frederick T. St. Louis	190
DiFilippo, Emil A. St. Charles	189
Downs, Daniel M. Blue Springs	125
Drisko, Robert M., II Kansas City	125
Dubin, Sol H. Independence	125
Dugan, Gerald F. Kansas City	125
Duncan, Douglas M. Springfield	082
Eckenrode, James F. Columbia	026
***Ellefsen, Brian K.** Carthage	102
Eller, Gordon W. Cape Girardeau	042
Ellfeldt, Howard J. Kansas City	125
Emanuel, James P. St. Louis	190
Esch, John G. Joplin	102
Evans, Lawrence G., Jr. St. Louis	190
***Farley, Gary W.** St. Louis	190
Fox, Thomas J. St. Louis	190
Frank, Gael R. N. Kansas City	125
Frevert, Larry F. Kansas City	125
Frumson, Guy H. Florissant	190
Gaines, Robert W. Columbia	026
Gainor, Barry J. Columbia	026
Galakatos, Gregory R. St. Louis	190
Garner, James H. Kansas City	125
Glaser, Larry F. Cleveland	125
Gondring, William H. St. Joseph	030
***Graven, Timothy G.** St. Charles	189
Greene, Walter B. Columbia	026
Grillot, Michael B. Springfield	082
Haas, Robert W. Liberty	050
Hagan, Phillip F. Liberty	050
Hammond, D. Wade St. Louis	190
Harmon, Ben C. Springfield	082
Harris, Hugh G. Springfield	082
Harris, Lanny W. Olathe, KS	125
Haupt, Herbert A. St. Louis	190
Havey, John Columbia	026
Healy, Brian E. Kansas City	125
Highland, Thomas R. Columbia	026
Holand, Roy W. Springfield	082
Hollocher, Richard J. St. Louis	190
Hummel, Gregory L. Independence	125
Jackson, Roger P. Kansas City	050
Jarka, Dale E. Overland Park, KS	125
Jeffries, Joel T. Columbia	026
Johnson, Glen E. St. Louis	190
Johnston, Richard St. Louis	190
Jolly, Ben L. Mexico	014
Jones, Bruce N. Chesterfield	190
Jones, Robert P. Blue Springs	125
Kapp, William K., III Cape Girardeau	042
Kefalas, John C. Washington	207
Kenney, John D. St. Louis	002
Kenter, Keith Columbia	026
Keohane, Mark St. Charles	189
Kiburz, Douglas W. Sedalia	178
Koch, F. Daniel Olathe, KS	125
Kramer, Robert S. St. Louis	190
Krautmann, John J. Jefferson City	058
Lange, David R. Bridgeton	190
Lee, Thomas K. St. Louis	190
Lehman, Richard C. St. Louis	190
Lents, Rickey L. Cape Girardeau	042
Leslie, James T. Jefferson City	058
Lieurance, Robert K. Joplin	102
Linsenmeyer, Charles M. St. Charles	189
Littlejohn, Robert T. N. Kansas City	125
Lord, Richard E. St. Louis	190
Luallin, Scott R. Kansas City	125
Luechtefeld, Frank Florissant	190
Luther, George A. St. Louis	190
Manske, Paul R. St. Louis	190
Marshall, Michael P. Kansas City	002
Marti, Larry B. Rolla	135
Martin, Jeffrey W. St. Louis	190
Matthews, Thomas D. Washington	207
Maylack, Fallon H. Florissant	190
McClain, Thomas D. Springfield	082
McCormack, Thomas J. Independence	125
McMullin, Forbes A. St. Louis	190
McNamara, Gerald R. Kansas City	125
McQueary, Frederick G. Springfield	082
Medler, Robert G. St. Louis	190
Mell, Roger L. Chesterfield	190
Merenda, James T. St. Louis	190
Meyers, Laura L. St. Louis	190
Miller, Harry G. Clinton	086
Mirbaha, Mitchell M. St. Louis	190
Mirkin, Roderic P. St. Louis	002
Nachtigal, Michael P. Springfield	082
Neighbor, Ernest H. Kansas City	125
Newland, Craig C. Liberty	050
Nogalski, Michael P. St. Louis	190
Otis, Stephanie A. Chesterfield	190
***Page, Lawrence V.** Joplin	102
Parkins, George K. Kansas City	125
Parsons, Clyde W., III Springfield	082
***Paul, Robert F.** Kansas City	125
Pearson, Richard L. Ste. Genevieve	174
Petkovich, Frank O. St. Louis	190
Phillips, John J. Florissant	190
Piontek, Jerome G. Chesterfield	190
Price, Nigel J. Overland Park, KS	125
Reardon, James P. N. Kansas City	050
Reeves, R. Bradley Joplin	102
Rhoades, Charles E. Leawood, KS	125
Rich, Margaret M. St. Louis	190
Rispler, David T. Jefferson City	058

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Ritter, Ray A., Jr	Cape Girardeau	042
Rodgers, W. Blake	Jefferson City	058
Rose, Barry A.	Overland Park, KS	125
Rosenthal, Anne S.	Kansas City	125
Rosenthal, Howard G.	Overland Park, KS	125
Rotramel, James R., Jr.	Kansas City	125
Roush, Randall D.	Florissant	190
***Rummel, Theodore S.**	Wentzville	002
Samson, Barry L.	St. Louis	190
Samuelson, Thomas S.	Kansas City	125
Satterlee, C. Craig	Kansas City	125
Schaberg, James E.	St. Charles	189
Schlafly, Bruce S.	St. Louis	190
Schlafly, Edward F., Jr.	Chesterfield	190
Schmidt, Thomas L.	Overland Park, KS	125
Schoedinger, George R., III	St. Louis	190
Schoenecker, Perry L.	St. Louis	190
Schroer, William C.	Bridgeton	190
Schwarze, Daniel J.	St. Louis	190
Sciortino, Robert A.	St. Louis	190
Seagrave, Richard A.	Springfield	082
Sedgwick, William G.	St. Louis	190
Sertl, George O.	St. Louis	190
Shaeffer, James T.	Springfield	082
Sheridan, John J.	St. Louis	190
Shitut, Ravindra V.	St. Louis	190
Smith, Bruce D.	St. Joseph	030
***Smith, C. Daniel**	St. Joseph	030
Smith, Kenneth R.	Bolivar	206
Smith, Patrick A.	Columbia	026
Stokes, Douglas L.	St. Joseph	030
Strege, David W.	St. Louis	190
Strickland, James C.	St. Louis	190
***Stringer, Robert F.**	Joplin	102
Strong, Alexandra J.	Kansas City	125
Stronsky, David	St. Louis	190
Sudekum, Joseph M.	St. Louis	190
Susi, Jesse G.	St. Louis	190
Swaim, Truett	Kansas City	125
Swango, J. Scott	Springfield	082
Takacs, Robert J.	Kansas City	125
Tessier, John E.	St. Louis	190
Thomas, Leslie D.	N. Kansas City	050
Thorpe, William P.	Cape Girardeau	042
True, John H.	Poplar Bluff	034
Trueblood, Michael C.	Cape Girardeau	042
Tucker, Robert E.	St. Louis	190
Tupper, Joel	Joplin	102
Turnbaugh, Thomas R.	Jefferson City	058
Turner, Michael L.	Poplar Bluff	034
Van Ryn, Jacques S.	Bridgeton	190
Veitch, John M.	Joplin	102
Vierling, Stephen E.	St. Louis	190
Vilmer, Stephen E.	N. Kansas City	050
Wagner, John R.	St. Louis	190
Wakeman, Newt., Jr.	Springfield	082
Wayne, Sherwyn J.	St. Louis	190
Weltmer, John B., Jr.	St. Louis	190
West, Harold D.	Independence	125
Wester, William T.	Springfield	002
Whitaker, James H.	Kansas City	125
Whiteside, Leo A.	St. Louis	190
Williams, Joseph	St. Louis	190
Zehnder, Kenneth W.	St. Louis	190

Otolaryngology (OTO)

Ailor, Edgar I.	Columbia	026
Allphin, Allan L.	Springfield	082
Bailey, Sean B.	St. Louis	190
Benecke, James E., Jr.	St. Louis	190
Berkowitz, Wallace P.	St. Louis	190
Beuerlein, Matthew E.	Kansas City	002
Bonacorsi, John	Bridgeton	190
Boone, Karen E.	St. Charles	189
Branham, Gregory H.	St. Louis	190
Brown, Rebecca L.	Springfield	082
Burroughs, Nathan D.	N. Kansas City	050
Christiansen, Sidney G.	St. Joseph	030
Citardi, Martin J.	St. Louis	002
Cook, Paul R.	Columbia	026
Coonce, D. Curtis	Cape Girardeau	042
Cotton, Thomas R.	Shawnee, KS	125
Craig, Robert D.	St. Louis	002
Dahm, John D.	St. Louis	190
Davis, Sheldon	Florissant	190
Davis, William E.	Columbia	026
Denninghoff, James S.	Columbia	026
Devine, Mark W.	N. Kansas City	050
Druck, Norman S.	Chesterfield	190
Ehrlich, Carl F.	St. Louis	190
Eisenbeis, John F.	St. Louis	190
Forsen, James W., Jr.	St. Louis	190
Friedman, William H.	St. Louis	190
Gaughan, Robert K.	St. Louis	190
Goldberger, Stephen H.	Poplar Bluff	034
Guastello, Joseph R.	Kansas City	125
Guastello, Mario J.	Kansas City	125
Hahn, Frederick W.	Independence	125
Ham, Kevin R.	Poplar Bluff	034
Hanson, Jason M.	Chesterfield	190
Hantz, Oscar	Florissant	190
Hartman, James M.	St. Louis	190
***Hechler, Mark L.**	Warrensburg	110
Herzog, Jacques A.	Chesterfield	190
Hill, David K.	N. Kansas City	050
***Imhof, Kevin B.**	Hannibal	150
Jung, Christopher H.	Cape Girardeau	042
Katsantonis, George	St. Louis	190
Kirsch, Jeffrey P.	St. Louis	190
Kletzker, G. Robert	St. Louis	190
Knudson, Dennis R.	Columbia	026
Krenning, Judyann	Rolla	135
Kroeger, George B., Jr.	St. Louis	190
Lampros, William P.	St. Louis	190
Levine, Laurence A.	St. Charles	190
Lima, Jose A.	St. Louis	190
Loynd, Robert C.	St. Louis	002
Luetje, Charles M.	Kansas City	125
MacDonald, Robert R., III	St. Peters	189
Mangum, William B.	Independence	125
Marchiando, Albert W.	Washington	207
Martin, Richard A.	Cape Girardeau	042
Marty, David R.	Jefferson City	058
Maslan, Mark J.	Overland Park, KS	125
McGonigle, Michael M.	Joplin	102
Moritz, Gerald	Bridgeton	190
Neely, J. Gail	St. Louis	190
Pavlovich, Andrew S.	Independence	125
Piccirillo, Jay F.	St. Louis	190
Price, Richard B.	Overland Park, KS	125
Reichert, Timothy J.	St. Louis	190
Renner, Gregory J.	Columbia	026
Sargent, Eric W.	St. Louis	002
Schrick, Richard E.	St. Louis	190

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*Doctor of Osteopathy

Schroeder, Walter A., Jr.	042	Cape Girardeau
Sessions, Donald G.	190	St. Louis
Shagets, Frank W.	102	Joplin
Shah, Bharat	082	Springfield
Sherman, David M.	082	Springfield
Singleton, Marvin A.	102	Joplin
Smith, Courtland P., Jr.	070	Kennett
Smith, Peter G.	190	St. Louis
Snow, Jon F.	082	Springfield
Stith, John A.	190	St. Louis
Stroble, Mark	190	St. Louis
Szewczyk, Mark A.	190	St. Louis
Templer, Jerry W.	026	Columbia
Thawley, Stanley E.	190	St. Louis
Thedinger, Bradley S.	125	Kansas City
Tsue, Terance T.	002	Kansas City, KS
Viers, Wayne A.	190	St. Louis
Walls, Kelvin	125	Independence
Waxman, Joel E.	082	Springfield
Wible, Jerry C.	082	Springfield
Wild, Alan P. K.	190	Chesterfield
Willman, Martin L.	189	St. Charles
Wolfe, James B.	082	Springfield
Yates, Karen	042	Cape Girardeau
Zitsch, Robert P., III	026	Columbia
Zujko, Richard D.	135	Rolla

Psychiatry (P)

Ahmad, Aqeeb	190	St Louis
Ajans, Zaki A.	014	Mexico
Aleksander, Bernardo G.	190	El Paso, TX
Allison, James B.	082	Springfield
Anderson, Thomas R.	026	Columbia
Baird, Keim L.	189	St. Charles
Bassett, Gregg E.	002	St. Louis
Beck, David A.	026	Columbia
Beitman, Bernard D.	026	Columbia
Berland, David I.	190	St. Louis
Bock, Linda P.	190	St. Louis
Bright, James E.	082	Springfield
Cabanas, Justo J.	125	Shawnee Mission, KS
Calhoun, Joshua W.	190	St. Louis
Callahan, Joseph D.	190	St. Louis
Callaway, Jo J.	002	Kansas City
Choi, Sei Young	189	St. Charles
Cole, Sherman W.	125	Kansas City
Corvalan, Juan C.	190	St. Louis
Crane, John B.	207	Washington
Croughan, Jack L.	190	St. Louis
Crumpacker, Margaret	190	St. Louis
Dewein, Edward G.	190	St. Louis
Dick, M. Marga	026	Columbia
Dobard, Dennis P., Jr.	082	Springfield
Dowell, George H.	190	St. Louis
Edmisten, Jack	125	Independence
Efstathianos, Kimon	190	Belleville, IL
Frazier, Robert E.	026	Columbia
Gavankar, Sharad S.	102	Joplin
Genovese, Ann C.	014	Mexico
Grossberg, George T.	190	St. Louis
Guze, Samuel B.	190	St. Louis
Hagen, Duane Q.	190	St. Louis
Hartnett, Anna E.	190	Clayton
Hartnett, Thomas D.	190	St. Louis
Hicks, Frederick G.	190	St. Louis
***Hogan, Patricia E.**	030	Maryville
Holemon, R. Eugene	190	St. Louis
Horne, Linda S.	190	St. Louis
Houghton, Howard L.	125	Kansas City
Hucke, Samuel T., III	125	Kansas City
Hudgens, Richard W.	190	St. Louis
Irvin, William M.	190	St. Louis
Jones, Georgia A.	190	St. Louis
Jones, Laird E.	082	Springfield
Khan, Khawla B.	002	St. Louis
Khojasteh, Saaid	002	St. Charles
Kitchin, Winston H.	190	St. Louis
Kleinschmidt, Donn C.	190	St. Louis
Klemm, J. Martin	125	Kansas City
Knowles, R. Raymond	190	St. Louis
Krojanker, David N.	190	St. Louis
Kuhn, Lawrence F.	190	Bridgeton
Kulick, Eric M.	125	Prairie Village, KS
LeFevre, Philip J.	207	Washington
Lipschitz, Ervin	190	St. Louis
Lipschitz, Eve L.	190	St. Louis
Logan, William S.	125	Kansas City
Lyskowski, John C.	058	Jefferson City
Malmberg, Virgil L.	190	Chesterfield
Meyer, Jay L.	190	St. Louis
Milgram, Byron A.	125	Prairie Village, KS
Miller, Jule P.	190	St. Louis
Moran, Thomas M.	190	St. Louis
Moritz, K. Lynne	190	St. Louis
Munro, John S.	125	Kansas City
Nieuwenhuizen, Maarten	026	Columbia
North, Carol S.	190	St. Louis
Nowotny, Thomas J.	190	St. Louis
Packman, Paul	190	St. Louis
Parks, Joseph J.	026	Jefferson City
Parwatikar, Sadashiv D.	190	St. Louis
Peterson, Stephen E.	125	Kansas City
Pew, Becky A.	190	St. Louis
Post, Stephen L.	190	St. Louis
Pribor, Elizabeth F.	190	St. Louis
Pro, John D.	125	Kansas City
Quiason, Arturo G.	125	Independence
Rankin, Diane	190	St. Louis
Richardson, Thomas F.	190	St. Louis
Robinson, Gordon H.	190	St. Louis
Ryall, Jo-Ellyn M.	190	St. Louis
Saghir, Marcel T.	190	St. Louis
Schmitz, John M.	125	Kansas City
Segraves, Steven D.	125	Kansas City
Simmons, Donald D.	125	Kansas City
Simon, Nathan M.	190	St. Louis
Sitzman, Everette T.	125	Kansas City
Slaughter, James R.	026	Columbia
Soorya, Narendir T.	190	St. Louis
Stewart, Harry A.	125	Kansas City
Tilzer, Seth	190	Florissant
Vandivort, Paul M., Jr.	190	St. Louis
Vickar, Garry M.	190	Florissant
Wolff, Harold D.	190	St. Louis

Pediatrics (PD)

Adams, Susan E.	190	St. Louis
Alkadry, Suha	042	Cape Girardeau
Allen, Jerry H.	207	Washington
Amjad, Mohammad T.	190	St. Louis
Andrews, Elizabeth J.	082	Springfield
Armstrong, Lee M.	042	Cape Girardeau
Baker, Kristie A. R.	125	Overland Park, KS
Belen, Marietta	106	Festus

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*Doctor of Osteopathy

Benoist, Walter F.	190	Bridgeton
Bernabe, Maria Eloida	214	Eldorado Spgs.
Birmingham, Jean E.	190	St. Louis
Bordy, Marvin D.	125	Kansas City
Boudreau, Douglas A.	058	Jefferson City
Bouhasin, John D.	190	St. Louis
Bowers, James E.	190	Kirkwood
Braddock, Stephen	026	Columbia
Britton, Loretta M.	125	Kansas City
Brown, Beverly L.	042	Cape Girardeau
Bubolz, Justin F.	150	Hannibal
Bunge, Nancy J.	014	Mexico
Burgdorf, Max H.	190	Bridgeton
Burry, Virgil F.	125	Blue Springs
Cano-DeBelen, Grace	150	Canton
Cantor, Harvey E.	190	St. Louis
Casey, Eliot C.	190	St. Louis
Clary, Randall A.	002	St. Louis
Clothier, Robert W.	125	Independence
Cockerell, Charles F.	125	Blue Springs
Cook, Katherine S.	135	Rolla
DeCastro, Fernando J.	138	Pilot Knob
DeSilva, Ananda	190	Hazelwood
Diehl, Elizabeth W.	190	St. Louis
Edwards, Charles F.	190	St. Louis
Floyd, Marla J.	082	Springfield
Forgue, Donald R.	125	Kansas City
French, Michael A.	150	Hannibal
Friedman, Ira J.	207	Washington
Gellman, Elliot F.	190	St. Louis
Glines, Michael H.	190	Arnold
Goldstein, David E.	026	Columbia
Griesemer, Bernard A.	082	Springfield
Grimes, Alan	050	N. Kansas City
Groshong, Ted D.	026	Columbia
Grossman, Harvey M.	125	Overland Park, KS
Hall, Robert T.	125	Kansas City
Hanks, Michael S.	082	Springfield
Harris, Weldon L.	125	Independence
Harrison, Thomas J., Jr.	189	St. Charles
Harwell, J. Larry	190	St. Louis
Hennessey, Ann M.	058	Jefferson City
Herbers, Mark F.	190	Fenton
Hicks, Christina M.	038	Fulton
***Hoffman, James E.**	042	Cape Girardeau
Hoffman, Robert J.	190	Florissant
Holmes, Nancy E.	190	St. Louis
Horan, John J., Jr.	190	St. Louis
Howard, Campbell P.	125	Shawnee Mission, KS
Ip, Aidan W.	190	St. Louis
James, Elizabeth J.	026	Columbia
Jones, Robert R.	214	Nevada
Kaftan, Harold A.	125	Lee's Summit
Kanarek, Joseph	125	Kansas City
Keefe, David M.	189	O'Fallon
Khurana, Satish K.	125	Lenexa, KS
Kilbride, Howard W.	125	Kansas City
Knapp, Jane F.	125	Roland Park, KS
Knock, Henry L.	190	St. Louis
Kosse, Karl E.	030	St. Joseph
Krahn, Eve M.	050	Kansas City
Kreusser, Katherine L.	190	St. Louis
Krishna, Padma	125	Shawnee Mission, KS
Kronemer, Norton S.	190	St. Louis
Limpiphiphatn, Ester P.	174	Perryville
McElroy, George L., III	058	Jefferson City
McNeal, Douglas M.	082	Springfield
Meyer, John W.	082	Springfield
Miles, Judith H.	026	Columbia
Monteleone, Patricia L.	190	St. Louis
Moss, Debra L.	190	Chesterfield
Motier, Thomas H.	190	St. Louis
Mueller, Janet G.	190	St. Louis
Muraywid, Ahmad H.	014	Mexico
Murphy, Timothy P.	030	St. Joseph
Newman, William R.	102	Joplin
Nile, David A.	190	St. Louis
O'Neil, Jerome H., Jr.	190	St. Louis
Olson, Gary S.	042	Cape Girardeau
Olson, Lloyd C.	125	Kansas City
Pardalos, John J.	026	Columbia
Peterson, Frederick D.	190	St. Louis
Phillips, Abraham M.	190	St. Louis
Pitiyanuvath, Tasanaporn	125	Kansas City
Pittman, Susan	190	St. Louis
Plax, Steven I.	190	St. Louis
Powell, Alan E.	125	Independence
Quinn, Jennifer S.	002	St. Louis
Rejent, Anthony J.	190	St. Louis
Rising, Dean R.	082	Springfield
Roberts, Charles C.	125	Overland Park, KS
Roberts, Phyllis G.	030	St. Joseph
Ross, William J.	190	Bridgeton
Russell, Trent	120	Osage Beach
Ryser, Carol A.	125	Kansas City
Sakmar, Douglas A.	190	St. Louis
Sammon, T. James	082	Springfield
Sato, George	190	Chesterfield
Sato, Richard W.	190	Chesterfield
Schmidt, Martin P.	190	St. Louis
Schnidman, Jacquelyn C.	190	St. Louis
Sharma, Vidya	125	Kansas City
Sheehan, Michael B.	125	Shawnee, KS
Simmons, Connie D.	042	Cape Girardeau
Solanki, Nareshkumar J.	190	Lake St. Louis
Sponenberg, Don D.	082	Springfield
Steele, Norman P.	190	Bridgeton
Street, Maguinez A.	150	Hannibal
Tenorio, Genoveva	158	Albany
Thornton, James L.	150	Hannibal
Tillman, Mary A.	190	St. Louis
Truog, William E.	125	Kansas City
Vaughters, Frank M.	125	Kansas City
Walentik, Corinne	190	St. Louis
***Wasserman, Gary S.**	125	Kansas City
Waxelman, Roger J.	190	Ballwin
Weiner, Scott J.	042	Cape Girardeau
Weldon, Virginia V.	190	St. Louis
Westerfeld, Roy A.	189	St. Charles
Wheeler, Camilla A.	058	Jefferson City
***Wilson, James W.**	082	Springfield
Wimmer, Warren J.	190	Florissant
Wool, Gerald	190	St. Louis

Pediatric Allergy (PDA)

Benzuly, Scott E.	125	Kansas City
Cannon, Richard E.	189	St. Charles
Siegel, Charles	050	Gladstone

Pediatric Cardiology (PDC)

Canent, Ramon V.	125	Kansas City
Gowdamarajan, Rengasamy	125	Kansas City
Hubbell, Marius M., Jr.	125	Gladstone

*Doctor of Osteopathy

Pediatric Radiology (PDR)

Launius, Gregory D.	190	St. Louis
Wadsworth, Deborah T.	190	St. Louis

Pediatric Surgery (PDS)

Bell, Martin J.	190	St. Louis
Cradock, Thomas V.	190	St. Louis
Ford, Edward G.	082	Springfield
Helikson, Mary A.	026	Columbia
Murphy, John P.	125	Overland Park, KS
Sharp, Ronald J.	125	Overland Park, KS

Pediatric Hematology (PH)

Biery, Richard M.	125	Kansas City

Physical Medicine & Rehabilitation (PM)

Al-Shathir, Saad	102	Joplin
***Burns, Bernard C., III**	042	Cape Girardeau
Clark, Jennifer L.	026	Columbia
Conway, Robert R.	026	Columbia
Fischer, Ronald L.	190	Chesterfield
Folz, Thomas J.	058	Jefferson City
Galate, Joseph F.	125	Kansas City
Gnatz, Steven	026	Columbia
Griesemer, Julia E.	082	Springfield
Hoffarth, Sharon C.	190	St. Louis
Karges, Melvin D.	102	Joplin
Kelly, Charles R.	125	Kansas City
Knakal, Roger C.	125	Colchester, VT
Lytle, Edwin L.	190	St. Louis
Middleton, Mary Jo	030	St. Joseph
Mohsen, Aly M.	058	Jefferson City
Page, Jennifer L.	190	St. Louis
Pratt, Terrence	125	Kansas City
Randolph, Bernard C., Jr.	002	Bridgeton
Wheeler, Eden	125	Kansas City
Wice, Martin B.	190	St. Louis
Winkler, Terry	082	Springfield
***Woods, Brenda L.**	058	Hartsburg

Plastic Surgery (PS)

Barnthouse, Joseph R.	125	Kansas City
Boschert, Mark T.	189	St. Charles
Brown, David M.	190	St. Louis
Cabbabe, Edmond B.	190	St. Louis
Caplin, David A.	190	St. Louis
Coin, Richard E.	190	St. Louis
Copeland, Jeffrey G.	189	St. Peters
Corwin, Kenneth D.	190	St. Louis
Craig, Stefan	189	St. Charles
Crandall, Richard E.	190	Chesterfield
Croll, Gregory H.	026	Columbia
Deisher, David M.	042	Cape Girardeau
DePriest, Michael D.	030	St. Joseph
Domann, Darrel D.	082	Springfield
Ettelson, Charles D.	190	Chesterfield
Feliciano, Wilfrido C.	190	Maryland Hts.
Francel, Thomas J.	002	St. Louis
Garrison-Kester, Carla	082	Springfield
Geraghty, Thomas E.	125	Kansas City
German, David S.	190	St. Louis
Geter, Rodney K.	082	Springfield
Goldstein, Marcy A.	002	St. Louis
Guinn, O. Allen, III	125	Independence
Gutek, E. Philip	125	Kansas City
Hart, William G., Jr.	190	St. Louis
Hawes, Arthur S.	082	Springfield
Heimburger, Richard A.	058	Jefferson City
Higgs, Philip E.	190	St. Louis
Huang, David B.	120	Osage Beach
Huffaker, William H.	190	St. Louis
Jones, Timothy R.	190	St. Louis
Jones, Trenton	042	Cape Girardeau
Kofkoff, Richard L.	190	Bridgeton
Koo, Michele D.	190	St. Louis
Lamb, Jerome P.	125	Independence
Lomax, John E.	208	Branson
Lund, Herluf G., Jr.	190	St. Louis
Marsh, Jeffrey L.	190	St. Louis
McGuire, Patricia A.	190	St. Louis
Meystrik, Rosellen S.	082	Springfield
Mischnick, Carol R.	190	Chesterfield
O'Connell, Timothy	190	St. Louis
Onken, Henry D.	190	St. Louis
Puckett, Charles L.	026	Columbia
Reynolds, William R.	082	Springfield
Rinehart, Gregory C.	190	St. Louis
Rodgers, Jody A.	058	Jefferson City
Rottler, Paul D.	190	St. Louis
Scheu, James H.	190	St. Peters
Seaberg, John J., III	026	Columbia
Sherrod, Duane W.	102	Joplin
Stevens, Sheridan	125	Independence
Stromberg, Brent V.	190	St. Louis
Thompson, Frederick E.	050	Liberty
Tobin, Gregory A.	042	Cape Girardeau
White, Bruce I.	190	St. Louis
Woodberry, Kerri M.	190	St. Louis
Young, Robert A.	190	Chesterfield

Pathology (PTH)

Alexander, Susie	002	Lawrence, KS
Arthur, Gerald L.	026	Columbia
Bari, Wagih A.	190	St. Louis
Benson, Russell L.	125	Kansas City
Breckenridge, Robert L.	050	Kansas City
Callaway, Lawrence A.	125	Kansas City
Carlson, John V.	014	Mexico
Case, Mary E.	190	St. Louis
Caughron, Michael R.	125	Kansas City
Cento, Donald P.	202	Sikeston
Costin, Jimmy L.	034	Poplar Bluff
Craver, Jeffrey L.	190	St. Louis
Curry, Michael D.	026	Columbia
Darkow, Grant V.	026	Columbia
Dehner, Louis P.	190	St. Louis
Dorzab, William E.	125	Raytown
Dumadag, Virgilio P.	190	St. Louis
Evans, Maria L.	026	Greentop
Ferris, Charles W., Jr.	190	St. Louis
Fritzlen, Thomas J.	125	Overland Park, KS
Galblum, Larry I.	125	Kansas City
Gauthier, Charles P.	125	Kansas City
***Greiner, Robert F.**	125	Overland Park, KS
Hamel, Peter C.	150	Hannibal
Henry, Lawrence D.	058	Columbia
Henry, Mary M.	125	Kansas City
Hopson, David K.	190	St. Charles
Horn, Paul C.	042	Cape Girardeau
Hosler, Mark W.	042	Cape Girardeau
Hurly, Michael P.	102	Joplin
Janssen, Margaret E.	102	Joplin
Johnson, Dennis L.	178	Sedalia

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Johnson, Gareth R.	Kansas City	125
Johnson, Gordon L.	Crystal City	106
Johnson, Steven M.	St. Louis	190
Jones, Randall W.	Independence	125
Kane, Michael J.	Poplar Bluff	034
Kang, Juan	St. Louis	190
Keiper, Arthur S., III	Columbia	026
Kerley, Spencer W.	Leawood, KS	125
Kindred, Mcya L.	Kansas City	125
King, Gregory S.	St. Louis	190
Kissane, John M.	St. Louis	190
Kleopfer, Lynn L.	Columbia	026
Landgraf, James R.	Independence	125
LaBach, James P.	Overland Park, KS	125
Litton, Nancy J.	Blue Springs	125
Lombardo, Joseph A.	St. Louis	190
Marshall, Hal E.	Overland Park, KS	125
Martin, Scott A.	St. Louis	190
Millett, Ruth E.	Kansas City	125
Mockli, Gary C.	St. Louis	190
Morrison, R. Gideon	West Plains	206
Munoz, Phillip A.	Kansas City	125
Nichols, Steven H.	Evansville, IN	190
Pittman, Gerald R.	St. Louis	190
Poger, Marshall E.	St. Louis	190
Prey, Marianne U.	St. Louis	190
Ramos, Ricardo R.	Jacksonville, FL	190
Rao, Sumati	St. Louis	190
Rawson, Perry G.	Washington	207
Rayne, Susan C.	St. Louis	190
Rollo, John L.	St. Louis	190
Rudloff, Mary A.	St. Louis	190
Salvador, Antonio	St. Louis	190
Scitz, Elson F.	Independence	125
Shellcy, James M.	Springfield	082
Short, Charles D.	St. Louis	190
Spollen, Linda E.	Columbia	026
Stahr, William D.	Cape Girardeau	042
Sueper, Robert H.	St. Louis	190
Tritz, Denise M.	Jefferson City	058
Turgeon, Ronald P.	St. Louis	190
Turner, Jane W.	St. Louis	190
Vergara, Gerardo G.	Kansas City	125
Villanueva, Angela A.	Overland Park, KS	125
Vo, Thuy-Lieu T.	St. Louis	190
Wachter, Ronald M.	Springfield	082
Young, Thomas W.	Kansas City	125

Pulmonary Disease (PUD)

Beller, Thomas A.	Kansas City	125
Bower, James S.	Kansas City	125
Brabson, John H.	Springfield	082
Brook, Charles J.	Kansas City	125
Dark, Diana S.	Kansas City	125
Devins, George S.	Kansas City	125
Goheen, John R.	Kansas City	125
Grimm, Mark E.	Springfield	082
Gwin, Edward	Springfield	082
Hargis, James L.	Springfield	082
Harrison, Garth F.	Kansas City	125
Heinz, George, III	Springfield	082
King, John V., Jr.	Chesterfield	190
Lampton, Lawrence M.	Columbia	026
Pingleton, William W.	Shawnee Mission, KS	050
Reddy, Anchala N.	West Plains	206
Sanchez, Archie J.	Olathe, KS	002
Scaccwater, Rick	Joplin	102
Schlozman, Daniel L.	Kansas City	125
Siler, Thomas M.	St. Charles	189
***Thomas, Norvin E.**	Mexico	014

Radiology (R)

Abodeely, Daniel A.	Chesterfield	190
Al-Aly, Robert M.	Chesterfield	190
Anderson, D. Claire	St. Louis	190
Baber, William W.	St. Louis	190
Bardsley, John L.	St. Louis	190
Berni, Anthony A.	St. Louis	190
Brown, Mike J.	Cape Girardeau	042
Burr, Donald C.	Nashville, IL	190
Busse, Paul P.	St. Louis	190
Campbell, William S., Jr.	Cape Girardeau	042
Carls, Garry L.	Imperial	190
Clouse, John W.	Springfield	082
Cohen, Edward	St. Louis	190
Cook, Marvin A.	St. Louis	190
Corder, Patricia G.	St. Louis	190
Crotty, John P.	St. Louis	190
Dehner, Jonathan D.	St. Louis	190
Dixon, G. David	Kansas City	125
Dymond, John B., Jr.	Osage Beach	120
Elwing, Terry J.	Columbia	026
Francisco, Dominic S.	St. Louis	190
Gates, Mark L.	Cape Girardeau	042
Gilula, Louis A.	St. Louis	190
Gregston, J. Leon	Springfield	082
Habert, Edward R.	Chesterfield	190
Harris, Daniel E.	Cape Girardeau	042
Hassien, Joel D.	Hannibal	150
Hesker, Albert E.	Chesterfield	190
Higgins, Michael G.	Cape Girardeau	042
Hoskins, R. Bruce	Kansas City	125
***Huck, Elizabeth L.**	St. Louis	190
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Judd, Jeffrey B.	St. Louis	190
Kester, Nathan L.	Springfield	082
Kim, Stanley W.	St. Louis	190
Kotner, Lawrence M., Jr.	St. Louis	190
Krain, Samuel	St. Louis	190
Kronemer, Keith A.	St. Louis	190
Kunz, Stephen R.	Overland Park, KS	125
LacKamp, Robert J.	St. Joseph	030
Leary, Daniel J., Jr.	St. Louis	190
Lenzenhuber, Karl J.	Washington	207
Link, Alexander J.	St. Louis	190
Logie, Macdonald B.	St. Louis	190
***Lovern, Royce E.**	Washington	207
MacNaughton, Robert A., II	Liberty	050
Mais, Thomas E.	Shawnee Mission, KS	125
McCown, Allan H.	St. Louis	190
McGhie, Patricia A.	Kansas City	125
Milburn, James M.	Chesterfield	002
Nepute, James A.	St. Louis	190
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Paskar, Larry D.	Chesterfield	190
Pepper, Edward G.	St. Louis	190
***Pfautsch, Mark L.**	Cape Girardeau	042
Pjura, George A.	Cape Girardeau	042
Rall, Kenneth L.	Columbia	026
Reh, Thomas E.	St. Louis	190
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Rhodes-Stark, Kelly L.	Kansas City	125

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Riaz, M. Afzal	135	Rolla
Rozen, Jay I.	125	Kansas City
Saboeiro, Gregory R.	002	St. Louis
Schmidt, Dennis A.	190	St. Louis
Schulz, Richard C.	190	St. Louis
Shore, Jeffrey L.	102	Joplin
Smeltzer, Frederick M.	120	Osage Beach
Smith, Robert W.	190	St. Louis
Solomon, Steven L.	190	Chesterfield
Staab, Gerald E.	125	Kansas City
Sweeney, Thomas P.	002	Springfield
Tailor, Chandrakant C.	190	St. Louis
Tellerman, Barbara J.	026	Columbia
Thompson, Robert F.	125	Leawood, KS
Vaslow, Dale F.	058	Jefferson City
Verde, Julian N.	190	St. Louis
Vierra, Michael J.	120	Osage Beach
Vijungco, Jose G.	190	St. Louis
Waldo, John P.	042	Cape Girardeau
***Weiss, Randy B.**	102	Joplin
Weyman, Philip J.	190	Chesterfield
Williams, Craig W.	042	Cape Girardeau
Zeigler, Joseph M.	190	St. Louis

Reproductive Endocrinology (REN)

Starks, Gregory C.	125	Kansas City

Rheumatology (RHU)

Armstrong, Stephen D.	082	Springfield
Braun, Alan L.	058	Jefferson City
***Bronson, Wendell D.**	030	St. Joseph
Fischbein, Lewis C.	190	St. Louis
Huston, Kent A.	125	Kansas City
Smith, Kinim I.	150	Hannibal
Taylor, Philip W.	042	Cape Girardeau

Neuroradiology (RNR)

Anderson, David R.	042	Cape Girardeau

Radiation Oncology (RO)

Albritton, Michael A.	082	Springfield
Baglan, Robert J.	190	St. Louis
Bean, Joseph M.	026	Sedalia
Bedwinek, John M.	190	Wentsville
Bryer, Mark P.	026	Columbia
Cozad, Scott C.	002	Kansas City
Devineni, V. Rao	190	Bridgeton
Fu, Anna L.	190	St. Louis
Garcia, Delia M.	190	St. Louis
Gujarati, Subhash B.	034	Poplar Bluff
Lee, Fransiska A.	190	St. Louis
Lin, Hsiu-San	190	St. Louis
Marks, James	190	St. Louis
Massey, Vickie	125	Kansas City
Miller, Joseph P.	042	Cape Girardeau
Morrison, Richard A.	125	Independence
Myers, Duane E.	102	Joplin
Nigh, Stephen S.	125	Kansas City
Pacheco, Jose M.	082	Springfield
Perez, Carlos A.	190	St. Louis
Robinow, Jay S.	125	Kansas City
Roy, Tapankumar S.	190	St. Louis
Sheldon, John M.	125	Kansas City
Simpson, Joseph R.	190	St. Louis
Smalley, Stephen R.	125	Kansas City
Smith, Susan M.	125	Kansas City
Townsend, Patrick W.	125	Kansas City
Walz, Bruce J.	190	St. Louis
Zivnuska, Frederick R.	190	St. Louis

Therapeutic Radiology (TR)

Lee, Lawrence E.	125	Kansas City
Murrell, H. Jerry	026	Columbia
Paradelo, Jorge C.	125	Kansas City
Rogers, J. Drew	082	Springfield
Westgate, Steven J.	026	Columbia

Thoracic Surgery (TS)

Bender, Edward	042	Cape Girardeau
Brown, Randy G.	125	Kansas City
Coordes, Cordie C.	190	Chesterfield
Eisenberg, Steven B.	190	Chesterfield
Fonseca, Peter	190	St. Louis
Garrett, Ted E.	190	St. Louis
Graham, Joseph E.	190	St. Louis
Gurucharri, Vincent P.	026	Columbia
Haybron, David M.	026	Columbia
Judd, Donald R.	190	St. Louis
Kouchoukos, Nicholas T.	190	St. Louis
Kraeger, Russell R.	190	St. Louis
Logue, William J.	042	Cape Girardeau
Marbarger, John P., Jr.	190	St. Louis
Murphy, J. Peter, Jr.	190	St. Louis
Murphy, Michael C.	190	St. Louis
O'Sullivan, Daniel F.	190	St. Louis
Patterson, Alec	002	St. Louis
Penn, Patrick L.	125	Kansas City
Ramsey, J. Darryl	042	Cape Girardeau
Reinhardt, J. Robert R.	125	Kansas City
Robison, Paul D.	102	Joplin
Ruess, Robert W.	042	Cape Girardeau
Sasser, William F.	190	St. Louis
Shaw, Richard C.	190	St. Louis
Stephenson, Hugh E.	026	Columbia
Strevey, Tracy E., Jr.	002	Frontenac
Sundt, Thoralf M.	002	St. Louis
Van Way, Charles W., III	125	Kansas City
Wathanacharoen, Suchint	125	Kansas City
Wilson, William R., Jr.	026	Columbia

Urology (U)

Abercrombie, Keith J.	125	Kansas City
Ahmann, Thomas M.	014	Mexico
Albani, Frank J.	050	Liberty
Aldridge, George A.	034	Poplar Bluff
Anglo, Luis J.	002	Ballwin
Apte, Sunil M.	207	Washington
Austin, George M.	125	Blue Springs
Biber, Robert J.	125	Independence
Blath, Richard A.	190	St. Louis
Brehm, G. Scott	102	Joplin
Brodkey, Mark J.	125	Kansas City
Carpenter, James L.	189	St. Peters
Chehval, Michael J.	190	St. Louis
Cockrell, Steven N.	150	Hannibal
Cupp, Michael R.	026	Columbia
Deleste, Carlos J.	106	Festus
DeGuerre, Ronald K.	190	Chesterfield
Dresner, Steven M.	026	Columbia
Falzone, John J.	058	Jefferson City
Fathman, Anthony E.	190	Chesterfield
Felker, J. Russell	042	Cape Girardeau
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Frogge, Jim D.	Joplin	102
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Hardy, David A.	St. Louis	190
Harrison, Winston E.	Columbia	026
Hawatmeh, Abraham S.	St. Louis	190
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Itoku, Kendall A.	Chesterfield	190
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Klein, Saul J.	St. Louis	190
Koonce, John P.	Jefferson City	058
Kurtz, Karl J.	Kansas City	125
Lentz, Harold C., Jr.	Independence	125
Levy, Joseph	St. Peters	190
Lewing, David C.	Independence	125
Lierz, Mark F.	St. Joseph	030
Madduri, Sivaprasad D.	Poplar Bluff	034
Marcus, Michael D.	St. Louis	190
Milne, Jay L.	Springfield	082
Mitchell, John D.	Kansas City	125
Montie, Joseph E.	Columbia	026
Morgan, Willy J. C.	E. St. Louis, IL	190
Myers, George H.	Kansas City	125
Neuman, Neal	St. Louis	190
Nicolai, Charles H.	St. Louis	190
Parres, Jeffrey A.	Chesterfield	190
Partamian, Krikor O.	St. Joseph	030
Perinetti, Enrique P.	St. Louis	190
Reddy, Abbiah N.	Poplar Bluff	034
Ross, Gilbert, Jr.	Columbia	026
Saha, Nitai C.	St. Louis	190
***Scanlon, Robert C., II**	Springfield	082
Scheibe, Robert G.	St. Louis	190
Schermer, Jerrold A.	Columbia	026
Schmidt, Jerome H.	Jefferson City	058
***Schoenfeld, Roger H.**	Joplin	102
Scully, Thomas F.	St. Louis	190
Severance, Michael S.	Jefferson City	058
Shah, Jitendra P.	St. Louis	190
Shands, Courtney, III	St. Louis	190
Stanley, Brad K.	Independence	125
Sunshine, Herbert	St. Louis	190
Teague, J. Lynn	Columbia	026
Thompson, Paul D.	Cape Girardeau	042
Torrence, Ralph J.	Chesterfield	190
Walters, Frederick P.	St. Louis	190
Wan, Shaw P.	Rolla	135
Weinstein, Stephen H.	Columbia	026
White, Brad C.	St. Louis	190
Wilson, W. Tad	Independence	125
Wise, Morris F.	Kansas City	125

Vascular Surgery (VS)

Adams, John G.	Cape Girardeau	042
Breeding, Lyle G.	Columbia	026
Cameron, Jeffrey W.	Kansas City	125
Campbell, Samuel J.	Columbia	026
Cates, Joe A.	Kansas City	125
Del Santo, Peter B.	Columbia	026
Higgins, Edward F., Jr.	Kansas City	125
Humphrey, Paul W.	Columbia	026
Hurley, Joseph J.	St. Louis	190
Jacobs, Donald L.	St. Louis	002
Nichols, W. Kirt	Columbia	026
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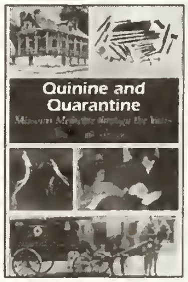

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AM	Aerospace Medicine
A	Allergy
AI	Allergy & Immunology
ALI	Clinical Laboratory Immunology (Allergy & Immunology)
PTH	Anatomic/Clinical Pathology
ATP	Anatomic Pathology
AN	Anesthesiology
BBK	Blood Banking/Transfusion Medicine
ICE	Clinical Cardiac Electrophysiology
CTS	Cardiothoracic Surgery
CD	Cardiovascular Disease
CDS	Cardiovascular Surgery
PCH	Chemical Pathology
CHP	Child and Adolescent Psychiatry
CHN	Child Neurology
CBG	Clinical Biochemical Genetics
CCG	Clinical Cytogenetics
CG	Clinical Genetics
DDL	Clinical and Laboratory Dermatological Immunology
ILI	Clinical and Laboratory Immunology (Internal Medicine)
PLI	Clinical and Laboratory Immunology (Pediatrics)
CMG	Clinical Molecular Genetics
CN	Clinical Neurophysiology
CLP	Clinical Pathology
PA	Clinical Pharmacology
CRS	Colon & Rectal Surgery
CFS	Craniofacial Surgery
CCA	Critical Care Medicine (Anesthesiology)
CCM	Critical Care Medicine (Internal Medicine)
NCC	Critical Care Medicine (Neurological Surgery)
OCC	Critical Care Medicine (Obstetrics & Gynecology)
PCP	Cytopathology
D	Dermatology
DMP	Dermatopathology
DS	Dermatologic Surgery
DIA	Diabetes
DR	Diagnostic Radiology
EM	Emergency Medicine
END	Endocrinology, Diabetes and Metabolism
EP	Epidemiology
FPS	Facial Plastic Surgery
FP	Family Practice
FOP	Forensic Pathology
PFP	Forensic Psychiatry
GE	Gastroenterology
GP	General Practice
GPM	General Preventive Medicine
GS	General Surgery
FPG	Geriatric Medicine (Family Practice)
IMG	Geriatric Medicine (Internal Medicine)
PYG	Geriatric Psychiatry
GYN	Gynecology
GO	Gynecological Oncology
HS	Hand Surgery
HNS	Head & Neck Surgery
HEM	Hematology (Internal Medicine)
HMP	Hematology (Pathology)
HO	Hematology/Oncology
HEP	Hepatology
IG	Immunology
PIP	Immunopathology
ID	Infectious Disease
IM	Internal Medicine
MPD	Internal Medicine/Pediatrics
LM	Legal Medicine
MFM	Maternal & Fetal Medicine
MXR	Maxillofacial Radiology
MFS	Maxillofacial Surgery
MG	Medical Genetics
MDM	Medical Management
MM	Medical Microbiology
ETX	Medical Toxicology (Emergency Medicine)
PDT	Medical Toxicology (Pediatrics)
PTX	Medical Toxicology (Preventive Medicine)
OMO	Musculoskeletal Oncology
NPM	Neonatal-Perinatal Medicine
NEP	Nephrology
N	Neurology
NRN	Neurology/Diagnostic Radiology/ Neuroradiology
NS	Neurological Surgery
NP	Neuropathology
RNR	Neuroradiology
NM	Nuclear Medicine
NR	Nuclear Radiology
NTR	Nutrition
OBS	Obstetrics
OBG	Obstetrics & Gynecology
OM	Occupational Medicine
ON	Oncology
OPH	Ophthalmology
ORS	Orthopedic Surgery
OSS	Orthopedic Surgery of the Spine
OTR	Orthopedic Trauma
OFA	Foot and Ankle, Orthopedics
OMM	Osteopathic Manipulative Medicine
OTO	Otolaryngology
OT	Otology/Neurotology
APM	Pain Management (Anesthesiology)
PMD	Pain Medicine
PLM	Palliative Medicine
PTH	Pathology
PDA	Pediatric Allergy
PAN	Pediatric Anesthesiology (Pediatrics)
PDC	Pediatric Cardiology
CCP	Pediatric Critical Care Medicine
PE	Pediatric Emergency Medicine
PEM	Pediatric Emergency Medicine (Pediatrics)
PDE	Pediatric Endocrinology
PG	Pediatric Gastroenterology
PHO	Pediatric Hematology/Oncology
PDI	Pediatric Infectious Disease
PN	Pediatric Nephrology
PO	Pediatric Ophthalmology
OP	Pediatric Orthopedics
PDO	Pediatric Otolaryngology
PP	Pediatric Pathology
PDP	Pediatric Pulmonology
PDR	Pediatric Radiology
PPR	Pediatric Rheumatology
NSP	Pediatric Surgery (Neurology)
PDS	Pediatric Surgery (Surgery)
UP	Pediatric Urology
PD	Pediatrics
PM	Physical Medicine & Rehabilitation
PS	Plastic Surgery
PRO	Proctology
P	Psychiatry
PYA	Psychoanalysis
MPH	Public Health and General Preventive Medicine
PCC	Pulmonary Critical Care Medicine
PUD	Pulmonary Disease
RO	Radiation Oncology
RP	Radiological Physics
R	Radiology
RIP	Radioisotopic Pathology
REN	Reproductive Endocrinology
RHU	Rheumatology
SP	Selective Pathology
SM	Sleep Medicine
SCI	Spinal Cord Injury
ESM	Sports Medicine (Emergency Medicine)
FSM	Sports Medicine (Family Practice)
ISM	Sports Medicine (Internal Medicine)
OSM	Sports Medicine (Orthopedic Surgery)
PSM	Sports Medicine (Pediatrics)
CCS	Surgical Critical Care (Surgery)
SO	Surgical Oncology
TR	Therapeutic Radiology
TS	Thoracic Surgery
TRS	Trauma Surgery
TTS	Transplant Surgery
UM	Underseas Medicine
U	Urology
VIR	Vascular and Interventional Radiology
VM	Vascular Medicine
VS	Vascular Surgery

In addition to the above, the following specialty designations are also used:

OS	Other (i.e., a specialty other than those appearing above)
US	Unspecified

Members by Component Society

(Please note component societies are listed in alphabetical and numerical code order.)

Component Medical Society Codes

002	MSMA Only
010	Andrew
014	Audrain
018	Barton
026	Boone
027	Boone Residents
030	Buchanan
034	Butler-Wayne-Ripley-Carter
038	Callaway
042	Cape Girardeau
046	Chariton-Macon-Monroe-Randolph
050	Clay-Platte
054	Clinton
058	Cole
066	Dallas-Hickory-Polk-Dade
070	Dunklin
078	Grand River
082	Greene
085	Greene Residents
086	Henry
102	Jasper-Newton Metropolitan
106	Jefferson
110	Johnson
115	Laclede
118	Lafayette-Ray
120	Lake of the Ozarks
125	Metropolitan Medical Society of Greater Kansas City
126	Metropolitan Medical Society of Greater Kansas City Residents
135	Mid-Missouri
138	Mineral Area
146	Montgomery
148	North Central
150	Northeast
158	Northwest
166	Ozarks
170	Pemiscot
174	Perry-Ste. Genevieve
178	Pettis
189	St. Charles-Lincoln
190	St. Louis Metropolitan
195	St. Louis Metropolitan Residents
198	Saline
202	SEMO
206	South Central
207	Tri-County
208	Tri-Lakes
210	Webster
214	West Central
216	St. Louis University
218	University of Missouri - Columbia
220	University of Missouri - Kansas City
222	Washington University
224	University Health Sciences College - Kansas City

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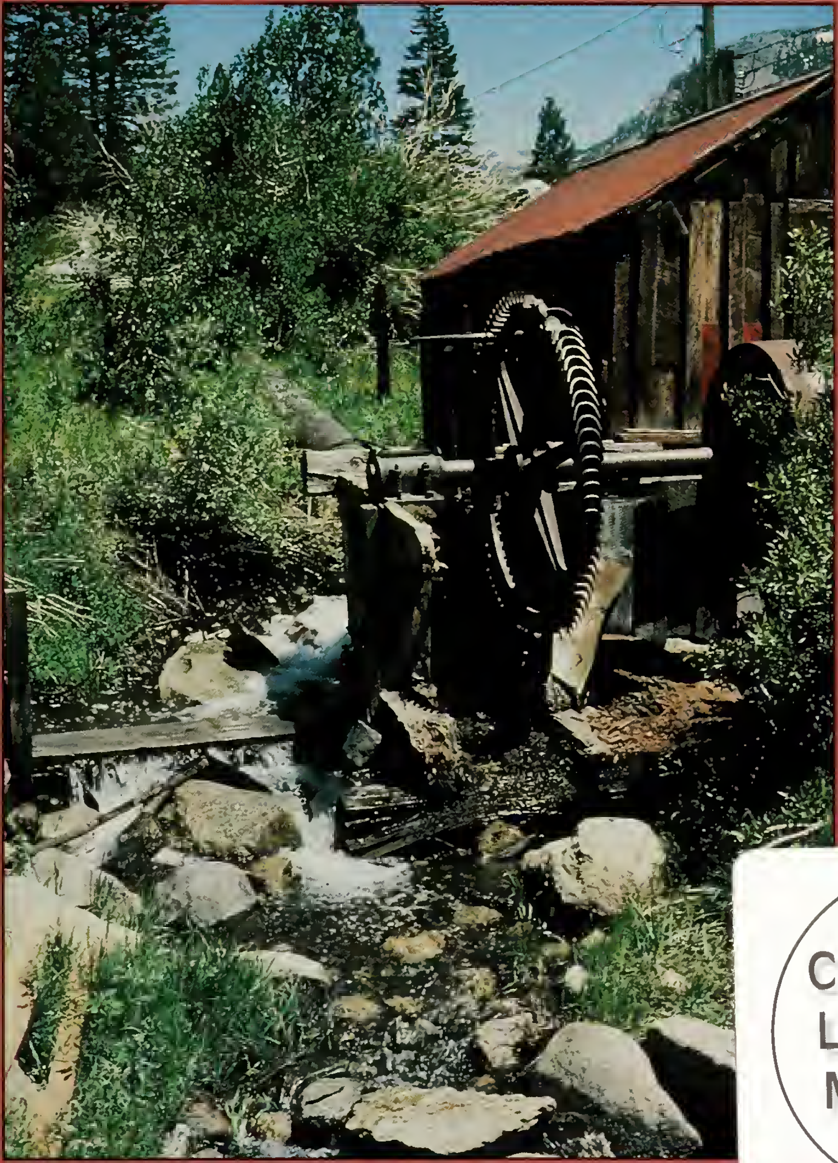

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Small Victories

J. Regan Thomas, MD

Last year in this column I discussed the need for labeling cigars about health risks in a similar way that cigarette packages, ads, and displays are required to do. At that time, cigar smoking was at a peak (by both men and women) and although it seems to have leveled off at this point, cigar use remains at an all time high. "Cigar bars," cigar stores and even cigar oriented magazines continue to be popular. This popularity is related to a unique image of being sheik coupled with the unfortunate misconception that cigar smoking is a safer form of tobacco use. "Sheik," "In," and all fads of course come and go and the medical community likely will have little impact on society's whims. The misconception regarding the safety of cigar smoking should, on the other hand, be the concern of physicians and the public can be educated accordingly.

There remains the widespread belief that cigars are safer than cigarettes. Frequent comments regarding cigar smoke not being inhaled are mentioned. What cigar smokers fail to recognize is that there are other forms of oral and upper aerodigestive tract structures at risk. Importantly, they also fail to realize that they are indeed inhaling smoke from cigars even if unintentionally. Second-hand tobacco smoke is likewise a danger to those around smokers and it is a significant problem with cigars just as with cigarettes. That brings us to a small victory in the fight against tobacco use.

Now, almost thirty-five years since warning labels were put on cigarette packs, cigar boxes will now also be required to carry similar warnings. When the new regulation begins later this year, the cigar boxes will carry one of the five warnings about the dangers and consequences of cigar smoking. Advertising and other cigar marketing venues must carry similar labels and warnings.

One of those warnings relates to second-hand smoke. The label will point out that even in non-smokers exposure to tobacco smoke will increase the risk of lung cancer and heart disease. This is a warning that even cigarette packs do not list (although maybe this will cause them to include the warning too). This requirement creates an important victory, albeit a small one is educating the public about the risks of tobacco use. Including attention to second-hand smoke is an important additional step in promoting public health. It's at first glance a small victory, but continued small victories add up to big ones sometimes. MoMed

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"Over the Counter" Self Medication

Gordon M. Goldman, MD

The recent movement among patients to engage in "self medication" has a number of intriguing aspects. Several recent publications, in the lay as well as medical literature, have documented benefits versus the harmful aspects of "over the counter" medications. Primarily because of reduced dosage considerations and the low probability of harmful side effects, these drugs which were once prescription only, are now available to patients without the benefits of diagnosis, or control of dosage. The other aspect of OTC medications that were once prescription only, has to do with accessability, both socially and financially. The question that needs to be addressed, is whether or not the benefits of accessibility override the risks of unmonitored usage.

One of the reasons for "self medication" has its roots in the "do it yourself" culture. Some of this may be motivated by gratification or pride of "doing it yourself." For some it may be the economics of doing a job less expensively. Unfortunately, it is particularly those who do not have pharmaceutical drug coverage (ie., the elderly on fixed incomes or the under/uninsured), who may be at greatest risk from inappropriate use of potentially harmful OTC preparations. For whatever reason, "do it yourself" has become a significant cultural and economic force in our society. In many instances, the result of such activity is harmless and the outcome of poor workmanship or lack of information and attention to detail does not result in significant harm. However, there are instances when such events have significant adverse impact, not only on the "do it yourselfer," but upon those associated with him/her and even upon those who have no contact with the "do it yourselfer."

As an example, some will take on the task of revising electrical work in their home without following (or are ignorant of) safety code requirements. Neither do they secure the required inspections. Even though the work is done "by the book," there is significantly greater opportunity for error being overlooked when the inspections are not done. Not only does the "do it yourselfer" endanger him/herself, but now puts his/her family at risk. Additionally, if a fire or explosion were to ensue as a result of improper wiring, his/her neighbors are now also at risk.

It would seem that if someone wishes to treat themself with either unregulated, scientifically unproven substances ("natural" or otherwise), or even with medically proven effective compounds, it should be their choice. However, when this is done without the advice and monitoring by physicians who have particular expertise in this kind of treatment, the results can be disastrous, not only to the "do it yourselfer," but others as well.

Now, the FDA is considering a new, and in my opinion very dangerous, departure from traditional medical care. They are currently considering releasing for "over the counter" sales, drugs which cannot have dosage reductions and remain effective. The insurance industry may be pushing this for purposes of their own financial motivation, since most of them do not pay for OTC products. While my concerns are from the perspective of a practicing gynecologist, I am certain there are similar concerns in every field of medical practice. My particular concerns are with the possible non-prescription availability of oral contraceptives (OCPs), menopausal hormone replacement therapy (HRT) agents, cholesterol lowering drugs and oral antibiotic preparations. The potential for harm from these drugs is significant, even at their usual therapeutic doses.

The danger from the unregulated use of OCPs and HRT has two unrelated primary dangers. The first is the effect the drugs may have on women who use the drug without understanding the importance of other medical problems that might be affected by their use. There are women who are not candidates for either of these drugs because of their social, personal, or family medical history. These factors may place them at high risk of either evoking a latent disease process, or alternatively, worsening an already existent disease process.

Secondly, and perhaps even more disconcerting, is the likelihood that many of these women will not see their physician on a regular basis as they now do, to be screened for signs of medication related problems. One of the secondary benefits of prescription medications is the continual monitoring of the patient, not only for medication related problems, but also for their general health status and consultation and advice regarding preventive care. If these drugs are allowed to be sold OTC, it would not be a surprise to see a dramatic increase in the number, as well as the severity, of otherwise preventable/treatable diseases such as breast, cervical, ovarian and uterine cancers.

With regard to OTC sales of antibiotics, I would envision the development of rapidly mutating organisms, resistant to not only first generation, but second and third generation antibiotics because of unbridled patient abuse. When patients get a viral URI, we are frequently asked to prescribe an antibiotic. We are all aware that indiscriminate use of antibiotics places the patient at risk for development of bacterial resistance to first line drugs. Indeed, this was one of the topics discussed at length during the June 2000 AMA House of Delegates meeting. If these drugs are available without prescription, the potential for introduction of drug resistant organisms into the community poses a very real danger. Like the homeowner who failed to get the proper inspections before connecting the new electrical wiring, these drug resistant organisms could endanger others in the community who had nothing to do with their causation.

And none of this even begins to address the issues of potential for fetal toxicity, delayed diagnosis of serious medical conditions by masking symptoms, or the interaction with other OTC drugs the patient may be taking. For example, although rifampin is the only antibiotic known to interfere with the effectiveness of oral contraceptives, there are anecdotal reports of similar problems with other antibiotics. If both of these drugs are available OTC, how is the patient to know about the potential problems? Reading the package insert or label is an answer, but I suspect many patients fail to do that with drugs already OTC? I have little faith that will change.

I am of the opinion the proposed changes have not been well thought out. What do you think? **MoMed**

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MSMA Alliance Members: A Multifaceted Group

Carol Jean DeFeo, MSMA Alliance Vice President of Membership

The Missouri State Medical Association Alliance is a dynamic group of dedicated women and men involved in a concerted effort to ensure a better quality of life for the many individuals in our state. Since 1924, our members have been proactive volunteers, working in partnership with the Missouri State Medical Association, to make contributions that positively impact health care in society.

Our scope as a state organization and our membership as well are expanding to include the diverse faces of the medical family. As a family of medicine we address the social issues of society, meet the challenges facing the medical family and work to grow with the special needs of our members. As members of a federation of county, state and national alliances we also have the voice to address significant social, legislative and health care issues.

But who are we individually?

We are individuals like ***Sandra Mitchell***, a registered nurse from Kansas City, who works in her husband's office but was also AMA Alliance President in 1996-97. She traveled the continental United States promoting the **SAVE Program** to **S**top **A**merica's **V**iolence **E**verywhere. This a nationwide grassroots initiative, launched in 1995 by the AMA Alliance and the AMA, aimed at combating violence through a wide range of community-level initiatives.

Alliance member ***Maura Taylor*** is instrumental in the publication of the Greene County Alliance's guide book for physicians and other health care professionals on identifying and treating family violence. She is the mother of two, a member of her local church, school board and uses her business background to serve the state Alliance as its Finance and Budget Chair. Another Greene County Alliance member, ***Howard Redmon***, is a retired U.S. Navy Commander, currently serving as the Greene County Alliance President.

Michele Kennett is a lawyer for a St. Louis law firm using her background as a registered nurse. President-elect of the Boone County Medical Alliance, she also serves as this year's Members-at-Large Committee Chair for the state Alliance.

Kathy Riscoe, a retired SPRINT executive and the mother of two rambunctious boys under five, is a Jasper-Newton past president and currently serves the state Alliance as its treasurer.

The Alliance is a multifaceted group with varied interests, with many professions represented and with many gifts to offer. With such talented individuals we can make a difference in health care, in the lives of others and in our own lives. The Alliance is different things to different individuals. However, together we provide a vehicle for a united voice in many venues.

One such example is the AMA Alliance's **Key Contact Program** that carries down to the county level. Both the AMA Alliance and the state Alliance provide members frequent legislative updates so that they are educated on the issues and are able to form personal relationships with legislators. This allows members to educate legislators about issues that impact medicine.

Mini-internship programs, conducted by many Alliances for legislators and community leaders, give a firsthand look at medical practices and substantial credence in the promotion of sound health care legislation for the betterment of society. Alliances also support and coordinate fundraising efforts to assure quality training for future physicians; contribute to and support with time local health programs and women's shelters; and participate in community health programs like breast cancer awareness, bicycle safety programs and health screenings.

The Alliance also offers a **unique support system** to its members. Membership places you in touch with fellow physicians' spouses with related concerns. The medical/resident spouse are at a point much different than the retired/widowed spouse. Duel physician families, international spouses, male spouses or young mothers all bring individual differences and concerns to our organization. However, we encompass each one of them into the organization's medical family. Educational seminars and discussion groups on the well-being of the medical family are supported by the Alliance.

Join a united force. Become an advocate for medicine and health care. Extend the reach and the effectiveness of the Alliance programs by stimulating public awareness. Develop personally through leadership training, speakers and networking. Establish a support base with physicians' spouses with similar goals and interests.

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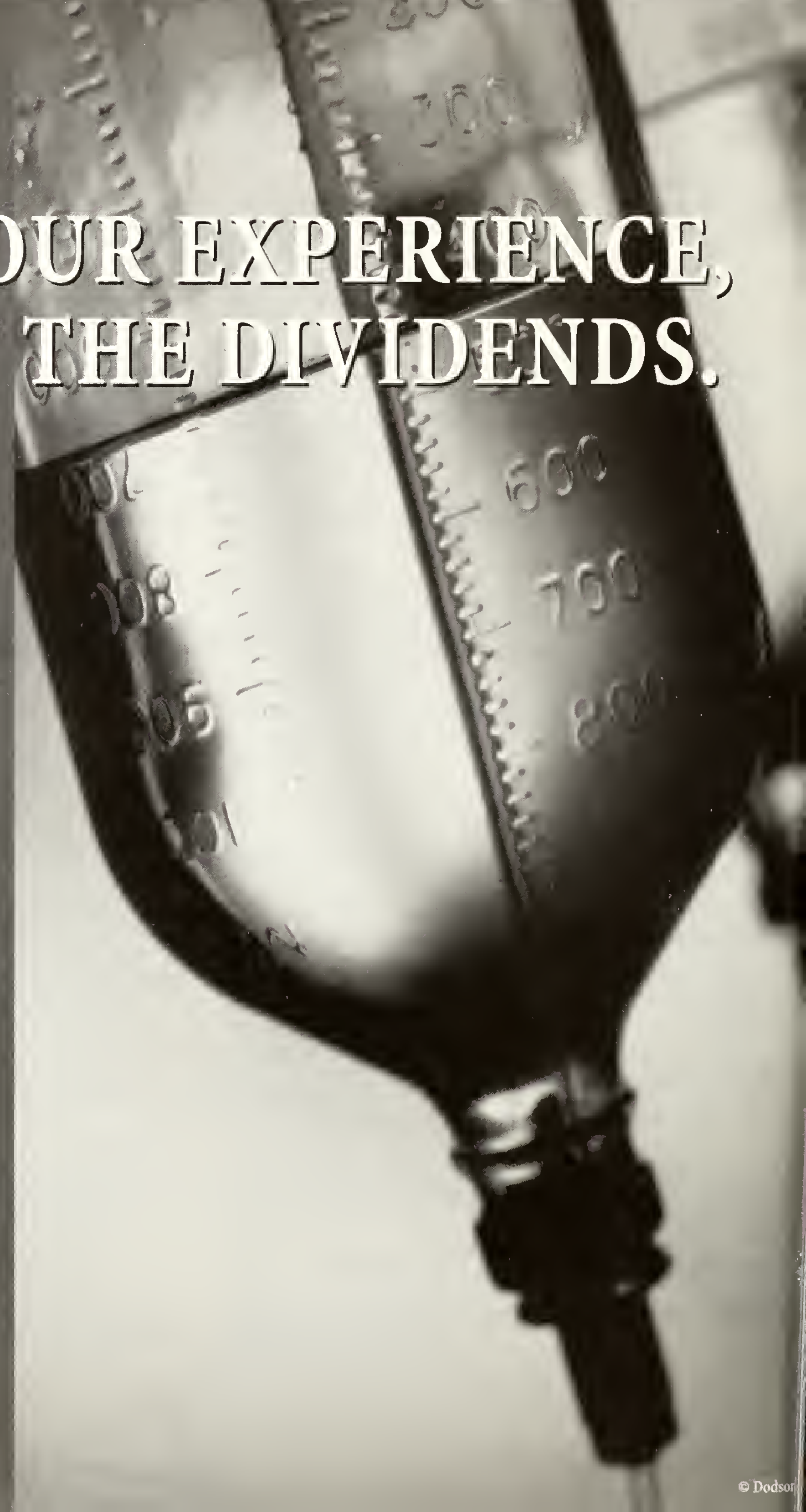

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Managed Care Organizations and Academic Medicine: Establishing a More Effective Working Alliance

Thomas D. Eppright, MD; Shane Bradley, MA; Christopher Sinkler, MD

Abstract

Instead of focusing solely on the demonization of "managed care" as an abstract concept, we suggest that institutions of medical education recognize that managed care in some form is here to stay. We believe it is critical that both academic institutions and managed care organizations work together to optimize health care delivery. In order to achieve this, we suggest that responsible physicians work toward the development of a more effective "working alliance" between managed care organizations and academic medical centers. This working alliance would involve the exchange of ideas and focused efforts by both parties to educate the other. Specific interventions are described.

"Health plans" were first initiated in the 1830s.[1] At that time, prepaid health insurance plans were implemented by employers, workers, communities, and physicians for a number of purposes. They were implemented to make health care more accessible, more affordable to patients, and to allow patients the opportunity to shape their health care service. The ideological foundation of this early movement toward health plans was deeply held beliefs about accountability and responsibility. Early health plans were founded upon the idea that health care was a common good that should be enjoyed by all individuals and not just the privileged few who had financial wealth. At times, the academic medical establishment has marginalized these organizations. The pioneers who created the early systems of the 1830s were condemned as social engineers and banned from medical societies.[1] Health organization physicians were unwelcome in medical education circles.[1] Over time, this political polarity has become entrenched.

The goals of academic medical centers and managed health organizations are not entirely different. We propose that, in fact, the goals of each are (in many ways) confluent. Both groups are striving to help individuals achieve healthy lives free from hardship. The motivation behind this goal and how the two groups work toward this goal are divergent. Managed health organizations help protect individuals from financial catastrophe by pooling resources. Administrators of managed health care organizations evaluate how to protect individuals from financial catastrophe while obtaining compensation and ensuring their ability to offer this service in the future. The risk or "danger" from which they protect patients is hypothetical. They provide security. Health care practitioners in academic medical centers, on the other hand, work toward protecting individuals from *immediate* health risks, preventing immediate health risks, and educating others regarding the same. The risk to an individual's health is real and manifest. Accepting that these two fundamentally different groups have *similar goals*, but *different contexts* within which to work, we propose that a more effective working alliance is a realistic objective. In order to achieve a more effective working alliance, we believe that certain fundamental processes must evolve.

Medical schools must educate students and residents about managed care. The possibilities for introducing health care management into medical education are extensive, ranging from simple group discussions and readings to intensive in-depth training in health care management operations. Currently, there are many strategies being utilized. Two of these programs include: 1) use of an ambulatory utilization review as a teaching venue, and 2) a fourth-year HMO rotation. Gomez et al. (1997), described a process by which residents are included in an ambulatory utilization review. The residents participate by actively voting with faculty on whether to accept, reject, or amend referral requests.[2] The review lends itself to problem-based learning since each decision must be based on the best evidence. In this program, residents are assigned learning objectives to investigate and present the material at the utilization meeting; peers and faculty provide feedback on residents' analyses.

The Colleges of Medicine and Public Health at the University of South Florida has established a novel fourth year "HMO rotation."[3] Reid described this system as a collaboration among the college and five private HMOs.[3] Medical students and public health students rotate through different HMO programs in which they concentrate on learning about the administration, operation, and quality control of various programs. The rotation includes seminars given by faculty of both institutions. Seminars are designed around readings in management, managed care, and the history and principles of HMOs. Students learn from administrators in a variety of departments (in the HMOs); therefore, learning does not involve only physicians, but nurses, social workers, psychologists, and business managers. The course is designed to focus on organizational qualities and administrative functions of HMOs. Students meet with staff and discuss every position and functional area of HMO operations. Furthermore, students travel with field workers to observe off-site activities, visit practices, and meet with purchasers to discuss approaches and interests in contracting HMOs.

The HMO rotation has expanded the working concept of "medical education" to include training in skills and concepts traditionally associated more with "public health" than "medicine." Areas of focus for students in the University of South Florida program include behavioral, social, and probabilistic sciences; community medicine; preventive medicine; medical cost containment, socioeconomics of medicine; health promotion and disease prevention; management of medical practice; and quality of care improvement. This arrangement has expanded the interdisciplinary aspect of medical education by including discussion among students of different disciplines during faculty-led seminars.

Another possible strategy includes the use of *simulation* models in which the resident (or student) is given a "monetary capitation fee" for each assigned patient. Deductions are then made for referrals, while preventive care activities are rewarded. A resident could get a bonus for referrals to patient education services, health care maintenance and screening programs, vaccinations, and other health promotion activities. Such a program, integrated throughout medical education, may help students navigate the transition from didactic aspects of medicine to its application within a managed care system.

Administrators of managed care organizations must be educated regarding the "real effects" of policy on patients and practitioners. Clearly, managed care policy has profound effects on individual patients. And yet, managed care policy traditionally excludes individual variables; individual variance is typically omitted from statistical models of prediction used to formulate policy. The problem with this approach is two-fold. First, statistical models that ignore individual differences are less accurate, and result in application of statistical heuristics that are inappropriate for specific patients. Second, we propose that there is an inherent conflict of interest between the ethic of medicine and the application of policy based on statistical averages. Individual clinicians are ethically bound to provide the best care possible to individual patients, and policies designed around statistical models that ignore individual differences are often not in the best interest of a particular patient. This is intuitive; most physicians can report at least one instance of being refused "approval" for a treatment they considered important to the patient's care.

In the context of a more effective working alliance, academic medical centers could help remedy this problem. In such a context, programs could be implemented which fostered the education of managed care organizations by academic medical centers. Policy makers in managed care could be educated regarding, 1) the "real effects" of policy on patients, 2) the best practice of medicine, and 3) the impact of ignoring individual variation in policymaking. Managed care organizations could require those involved in policy to attend in-service during which patients and practitioners explain the impact of policy on individual patients. Similarly, experts in medical statistics could educate policy makers regarding the effects of individual differences and the use of more complex statistical models (such as structured equation modeling, etc.) as more appropriate heuristics for policy making. In addition, managed care organizations could use expert groups from academic medical centers to formulate policy, allowing the evidence to determine policy as opposed to profit.

The difficulty of such interventions rests not in the substance, but the implementation. Managed care companies have a vested interest in denying service; therefore, decisions are fundamentally biased. We propose two strategies for blunting the effects of this bias. First, academic medical centers must conduct research that examines the increased cost of poor policy (secondary to increased sequelae, return hospitalization, etc.) Often times, in academic research, we omit cost analysis for fear of encouraging a "cost containment" philosophy. And yet most practitioners could cite multiple cases in which poor policy resulted in more sequelae, exacerbation of disease, etc. - and the total cost of care was increased. Second, we support a patient's right to file suit against managed care companies. In a court of law, evidence must be examined. When managed care organizations are held accountable for policy in a court of law, they must reference whatever evidence they used to support their decisions. This necessity will provide a context in which companies are more motivated to educate themselves regarding statistical modeling, expert assessment, and data on best practices. In addition, the courts provide an ethical benchmark apart from the standards of the medical profession. In order words, what would twelve "reasonable" people from our society think about this decision upon examining it closely. We believe this is an important standard for decisions that influence people so profoundly.

Conclusion

Academic medicine is a critical component of modern health care, and managed care organizations are important in disseminating risk and providing security to subscribers. The two groups of organizations have (at times) characterized the other as pursuing divergent goals. This, however, is only partly true. Both organizations do share certain overarching goals: helping individuals lead healthy lives free of harm, obtaining compensation for services, and ensuring the ability to continue providing services into the future. The differences exist in how individuals within each group work toward those goals.

We propose that managed care organizations and academic medical centers have much to offer one another, and that a more effective working alliance would be beneficial to patients. We suggest a number of interventions to help create this working alliance. These include more integration of managed care into medical education. Examples include the use of utilization review as a teaching venue, managed care rotations, and patient management simulations which help students practice cost effective decision-making. We suggest that managed care organizations utilize academicians to educate policy makers regarding the effects of individual variation on prediction, and the real effects of policy on specific patients. In order to overcome the effects of profit motivation in quelling these interventions, we recommend further inclusion of cost analyses in outcome studies, and patients' right to file suit against managed care organizations. MoMed

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Managed Care Organizations and Academic Medical Centers Will Probably Not be Able to Establish a Working Alliance

Arthur H. Gale, MD

Eppright et al. propose that "academic institutions and managed care organizations work together to optimize health care delivery." This goal is noble but probably not achievable. Managed care has promoted practicing cost effective medicine and introduced some useful practices such as utilization review and case management. However, as the authors point out "there is an inherent conflict of interest between the ethic of medicine and . . . a policy based on statistical averages." . . . "Managed care companies have a vested interest in denying service; therefore decisions are fundamentally biased." The authors go on to voice their support for the right of patients to sue managed care companies. This is an anathema to the HMO industry, which adamantly opposes extending such rights to patients. The reason that a successful working relationship between managed care and academic medical institutions will probably not occur is that their goals are fundamentally different. A managed care organization's legal obligation is to make a profit for its stockholders while an academic medical institution's obligation is primarily to the health of patients it serves. If rationing must occur, it should be an open process decided on by the public, not hidden from the public and benefitting investors in managed care companies.

Finally, the authors recommend that academic medical centers conduct research on the policies of managed care as they affect patient care. Such research conducted scientifically and independent of financial support from managed care companies would certainly be worthwhile. MoMed

MSMA Annual Convention

April 4-8, 2001

St. Louis Hotel
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photo provided by Scott Turner, MD

HCFA to Measure State's Success on Six Clinical Priorities

Deborah Finley, MPA, Director of Communications

The Health Care Quality Improvement Program (HCQIP) is the cornerstone of the Health Care Financing Administration's (HCFA) collaborative approach to improving the well-being of Medicare beneficiaries. By analyzing and changing patterns of care, the program will help remedy shortcomings of the health care system. For the first time since HCQIP's inception in 1992, HCFA has designated six clinical areas as national projects. The priorities were chosen based on their public health importance and how easily care could be improved and measured. All are important causes of morbidity and mortality among the Medicare population and the U.S. population as a whole.

◆ **Acute myocardial infarction (AMI)** is one of the 10 leading causes for Missouri Medicare hospital admissions, accounting for 10,000+ discharges annually. Providers collaborating on previous AMI projects with MPCRF achieved and sustained improvement in both aspirin and beta blocker use.

◆ **Heart failure** is the state's leading cause for admission with 17,000+ discharges annually. Missouri collaborators increased ACE inhibitor use in two projects.

◆ Facilities collaborating on MPCRF **pneumonia** projects, the second leading cause of Medicare admission with 11,900 discharges, increased timely administration of antibiotics and use of blood cultures while nonparticipating facilities had reverse results.

◆ **Stroke** is the principal or secondary diagnosis for 17,000 Missouri admissions. Over 50 collaborating hospitals posted a net increase of 14.5% in antithrombotic prescriptions in past atrial fibrillation projects.

◆ **Breast cancer**, a new quality improvement area for the state, is the second leading cause of cancer deaths in female Missourians.

◆ About 10% of Medicare beneficiaries have **diabetes**, equaling about 85,000 Missourians. During the diabetic kidney disease project, 300 practitioners increased urine screenings by 10.8% and microalbumin testing by 8.9%.

To determine the national projects' success, HCFA will compare each state's improvements in the quality indicator rates for each topic against the baselines already established. Baseline data show that Missouri ranks, at best, in the bottom one third of all states and territories on many of the indicators. Significant opportunity for improvement exists in AMI care as well as in stroke prevention, breast cancer, pneumococcal vaccination and timely administration of antibiotics for pneumonia.

The priorities will be a major focus of the Missouri Patient Care Review Foundation (MPCRF) in the next three years. Missouri PRO is encouraging providers and practitioners to adopt the national priorities and work to implement the projects in their inpatient and outpatient facilities. This partnership will achieve a higher quality of care and improve outcomes for all citizens of Missouri.

For project tools and more information call
Kay Strom, Director of HCQIP
1-800-735-6776 extension 160
or visit our website at www.mpcrf.org.

HCFA's National Projects

Clinical Topic	Quality Indicator	Missouri	
		Baseline	Rank*
Acute Myocardial Infarction	Early administration of aspirin	76.1%	**49**
	Aspirin at discharge	78.2%	**46**
	Early administration of beta blocker	58.8%	**36**
	Beta blocker at discharge	71.6%	**28**
	ACEI at discharge for low-ventricular ejection fraction	74.0%	20
	Smoking cessation counseling during hospitalization	37.6%	**32**
	Timely reperfusion	X	X
Heart Failure	Appropriate use/non-use of ACEI at discharge (excluding ARB)	78.9%	25
Pneumonia (inpatient)	Initial antibiotic dose within 8 hours of hospital arrival	84.0%	**31**
	Appropriate initial empiric antibiotic selection	80.6%	14
	Blood culture before antibiotics are administered	77.2%	48
	Influenza vaccination or appropriate screening	15.9%	23
	Pneumococcal vaccination or appropriate screening	14.6%	18
Stroke/Afib	Discharge on warfarin	52.2%	**34**
Breast Cancer	Biennial mammogram	54%	**35**
Diabetes	Biennial retinal exam	69.3%	25
	Annual HbA1c	75.2%	16
	Biennial lipid profile	59.3%	20
Pneumonia (outpatient)	Influenza vaccinations	70.3%	8
	Pneumonia vaccinations	44.3%	**32**

*Missouri's rank from top of 53 states and territories

Disclaimer: *The analyses upon which this article is based were performed under Contract #500-96-P612, titled "Utilization and Quality Control Peer Review Organization for the State of Missouri," sponsored by the Health Care Financing Administration, Department of Health and Human Services. The content does not necessarily reflect the view or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. Authors assume full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by the Health Care Financing Administration, which has encouraged identification of quality improvement projects derived from analysis of patterns of care and, therefore, require no special funding on the part of MPCRF. MO-00-25-HCQIP* MoMed

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Radiology Quiz

Roger A. Francis, MD, FACR
Diagnostic Imaging Department
Nevada Regional Medical Center

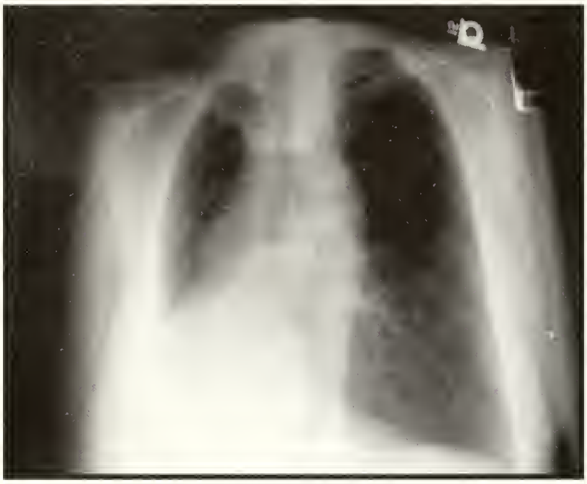


Figure 1

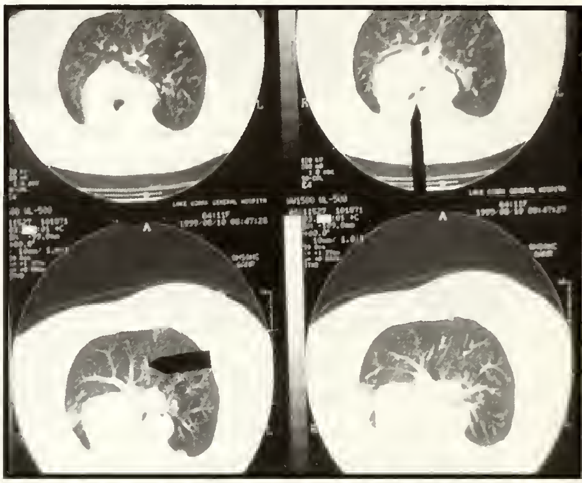


Figure 3

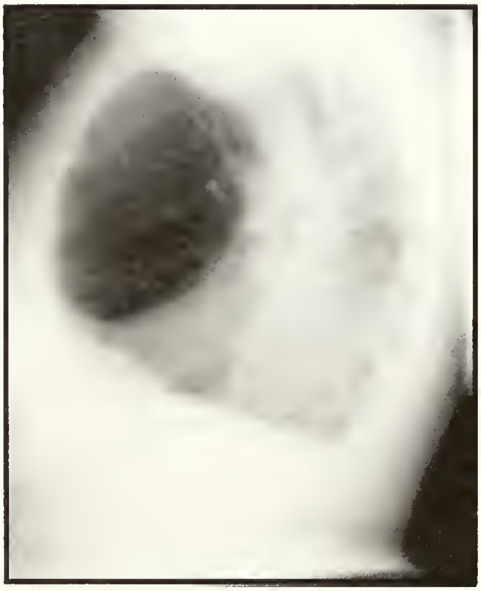


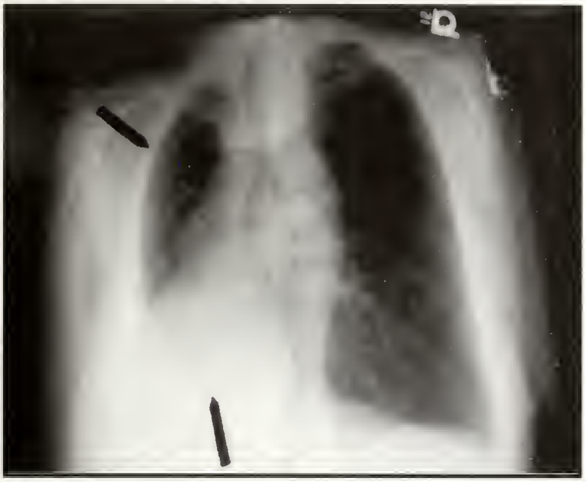
Figure 2

A 64-year-old female had a routine 2 view check x-ray examination (figures 1 and 2) prior to scheduled elective surgery. Due to findings on the chest x-ray, a contrast enhanced C.T. scan of the chest was performed (figure 3). What is the most likely diagnosis?

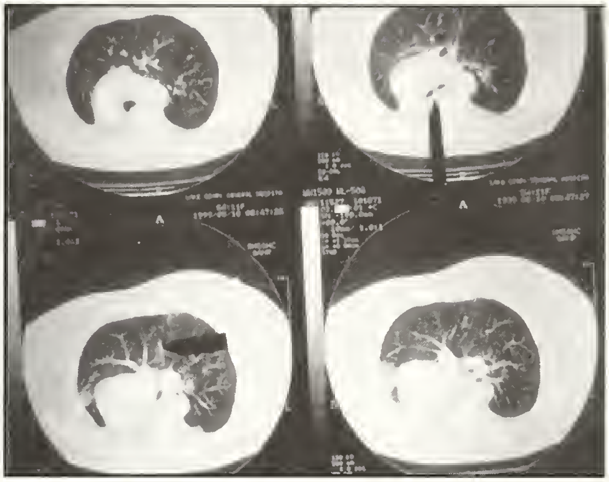
What is the most likely diagnosis?

a. Bronchogenic carcinoma
b. Right lower lobectomy
c. Right lung aplasia or hypoplasia
d. Large right pleural effusion

(See answer on next page.)



Repeat Figure 1



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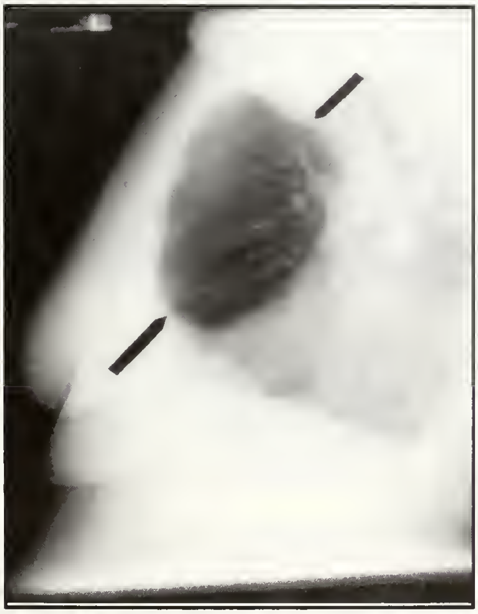

Repeat Figure 2

ANSWER

c. Right lung aplasia or hypoplasia

Plain chest films (repeat figures 1 & 2) show marked volume loss of the right lung with rightward shift of the heart and mediastinum. There is aerated lung in the right hemithorax (arrows on repeat figure 1), but this appears to represent rightward herniation of the left lung anterior to the heart on the lateral view (arrows, repeat figure 2). This is confirmed on the C.T. scan which shows lung occupying both hemithoraces continuous anteriorly, and showing a single vascular supply anteriorly (lower arrow, repeat figure 3). This indicates that the left lung occupies both sides of the chest, indicating absence or marked decrease in size of the right lung. Also visible on C.T. is a bronchial structure on the right (upper arrow, repeat figure 3). Mediastinal windows (not shown) did not show evidence of lung mass, hilar or mediastinal lymphadenopathy, pleural fluid, or abrupt termination of a bronchus. The above findings of a small or absent right lung, anterior herniation of left lung into the right hemithorax, and no evidence of postoperative changes or bronchial obstruction, indicate congenital aplasia, hypoplasia or agenesis of the right lung. The presence of a bronchial structure indicates aplasia or hypoplasia rather than agenesis (option C is the correct response).

Arrested development of an entire lung (lung agenesis-hypoplasia complex) is an uncommon anomaly, and occurs equally often in both hemithoraces. Although the terms agenesis (absence of bronchus and lung), aplasia (absence of lung with bronchus present) and hypoplasia (bronchus and rudimentary lung present) are distinct developmental anomalies, they often appear indistinguishable on plain chest radiographs, and they are therefore grouped as the lung agenesis-hypoplasia complex. These patients are usually asymptomatic, and findings are discovered on chest films done for unrelated reasons. The typical appearance on the frontal chest radiograph is diffuse opacity of one hemithorax, with marked mediastinal shift toward the opacified hemithorax, similar to the appearance of atelectasis of an entire lung. Less commonly, the frontal chest film shows findings as in the test case, with aerated lung visible bilaterally, due to herniation of the contralateral lung. On the lateral view in all cases, there is marked restrosternal hyperlucency due to anterior lung herniation which displaces the heart and mediastinal vessels posteriorly as well as toward the side of abnormality. C.T. scanning helps by showing that the findings are due to herniated lung, to determine if a bronchus or rudimentary lung is visible on the affected side, and to rule out atelectasis due to bronchial obstruction.

Option A. Bronchogenic carcinoma, is unlikely due to lack of visualization of a lung mass, obstructed bronchus or enlarged lymph nodes. Also, lung carcinoma would be unlikely to result in the degree of herniation of the contralateral lung seen in the test case.

Option B. Right lower lobectomy is unlikely since there is no radiographic evidence of thoracotomy or lung resection. Also, volume loss from lower lobectomy would not result in the degree of herniation of contralateral lung as seen in the test case.

Option D. Large right pleural effusion would be expected to shift the heart to the contralateral side, unless there is associated bronchial obstruction and volume loss. Also, no pleural fluid is seen on the C.T. images. Option D is therefore unlikely. MoMed

Reference:

Mata, J.M. et al. The Dysmorphic Lung: Imaging Findings, Postgraduate Radiology, Vol. 20, January 2000, pp. 3-15.

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Component Society News

On June 13, 2000 the Lake of the Ozark Medical Society met at the Potted Steer in Osage Beach.

Dr. Gordon Robinson, a Psychiatrist from St. John Mercy in St. Louis was the speaker. The topic, “Diagnosis and Management of Insomnia,” created a lively and lengthy discussion.

President Dr. Carl Petit, recently elected MSMA Vice Councilor of the Organized Medical Staff Section and Delegate to the AMA updated the members on the Chicago meeting he recently attended.

Johanna Echols attended the meeting on behalf of MSMA.

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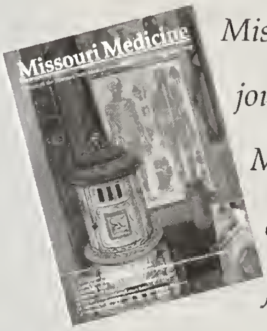

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Recognition of Members

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Physician-Directed Smoking Cessation in a Health Promotion Setting

Dean D. Richards, III, MD

Abstract

Cigarette smokers contemplating quitting set proximal quit dates followed by telephone calls from a physician. Over six years of follow-up, 85 (31%) of 271 smokers were found off cigarettes at least six weeks. Twenty-eight (10.3%) long-term quitters (LTQs) averaged 27 months off. Comparison of LTQs with 49 randomly-selected non-quitters (NQs) showed no significant differences in demographics, anthropo-metrics, fitness, pulmonary function, or voluntary adjunct use. LTQs often stopped on the encounter date; NQs were more stressed.

Cigarette smoking is a highly addictive, habituating, noxious, and lethal behavior engaging physicians in a chronic struggle. It is estimated that 2% (95% confidence limits, 1% to 3%; $P<.001$) of all smokers quit and stay off up to one year following advice and support from a physician to stop smoking.[1] Most physicians believe cigarette smoking is highly nonsalutary. The practice of medicine places high priority on smoking cessation, but few physicians have confidence in their effectiveness as tobacco counselors.[2] Actually, most smokers will eventually quit in response to persistent support and encouragement from a physician.[3] A simple, minimally time-consuming method of approaching smoking patients is reported herein.

Setting and Participants

Telephone surveys used in 1995 by the Behavioral Risk Factor Surveillance System (BRFSS)[4] revealed 22.4% of surveyed U.S. adults were smoking cigarettes (males, 24.7%; females, 20.9%). The telephone has been used as part of a smoking cessation program, incorporating smokers in the contemplation stage of change[5] by a physician since 1993 in a preventive medicine setting. Through 1998, 16,126 (males 59%; females 41%) examinations have been done by the physician. Questionnaires and physical exams identified 2,786 smokers (18%; males 18%; females 18%), a significantly lower rate of cigarette smoking than the U.S. adult population. (See Table 1.)

The population was composed of employees from corporations (voluntary participation, co-pay); workers from trade unions (voluntary participation, no co-pay); municipal, county, state, and federal governmental groups (firefighters, police, paramedics, and EMTs; mandatory, ± performance incentives); and community participants (self-employed, self-pay). Smoking rates for these groups are displayed in Table 2. The variable smoking rates resulted from worksite smoking policies, level of Wellness culture (high quality health-maintaining lifestyles), repetitive smoking interventions through mandatory annual Wellness encounters, and participant aerobic activity levels.

Intervention

Upon encountering a cigarette smoking patient, the physician would ask, "Have you thought about quitting smoking?" An affirmative response led to "Could you set a quit date today?" If a quit date (QD) was given, it was recorded, along with the participant's daytime phone number. A handshake and copy of the agreement were given to the smoker, who was then notified that the physician would call six or more weeks after the QD to see if the individual was abstaining from tobacco. If still off, yearly calls were made to check status.

Adjunct intervention included smoking literature from the National Cancer Institute, American Cancer Society, American Heart Association, and American Lung Association. Kits and literature from manufacturers of nicotine replacement products, as well as prescriptions for bupropion, were available for suitable candidates requesting pharmaceutical support. Details of the agreement, including adjunct drug usage, were recorded in a log. Follow-up phone calls were made six weeks to 10 months after the QD. Smokers in precontemplation were given feedback (PFT results, etc.), verbal, and written orders to quit tobacco as soon as possible.

Table 1. Comparison of the study **(Wellness)** adult population with U.S. total and smoking BRFSS adult populations.

Characteristic:	**Wellness:**	**U.S.**	**Difference**	**(95% CI); P Value**
% Males (M.):	59	48.5	10.5	(10.1 to 10.9); P<<.001
% Females (F.):	41	51.5	10.5	(10.1 to 10.9); P<<.001
% Smokers:	18	22.4	4.4	(3.0 to 5.8); P<.001
% M. Smokers:	18	24.7	6.7	(5.3 to 8.1); P<<.001
% F. Smokers:	18	20.9	2.9	(1.5 to 4.3); P<.001
% Smokers M.:	59.5	54	5.5	(3.7 to 7.3); P<.001
% Smokers F.:	40.5	46	5.5	(3.7 to 7.3); P<.001

Table 2. Cigarette smoking rates for various Wellness participant sources, samples taken during 1998. (Smoking rate for Wellness population = 18%.

Source:	**Number**	**% Smokers**	**Significance (diff.%, 95% CI); P Value**
Corporations:	914	10	(8, 6.1% to 9.9%); P<<.001
Trade Unions:	896	26	(8, 5.1% to 10.9%); P<.001
Fire, Police, EMS:	172	18	(0, -5.7% to 5.7%); P>.5
Community:	314	10.5	(7.5, 4.1% to 10.9%); P<.001
Total:	2296	17.5	(0.5, -1% to 2%); P=.5

Results

From 1/6/93 through 12/9/98, 594 agreements were made with 551 smokers (males, 67%; females, 33%, not statistically different from the total study population). Follow-up phone contact was made with 271 participants (49%). Active smokers numbered 186 at follow-up call (69%, 95% C.I., 63% to 74.5%); some stated they had quit a few weeks or reduced the rate of usage, switched to pipes or other tobacco forms, but most said they forgot the QD. New QDs were offered to those who were interested—a few requested them. A random sample of 49 of these non-quitters (NQs) revealed four (8%) had used transdermal nicotine or nicotine gum; one tried two QDs agreements, another tried three QDs, and one, four QDs.

Eighty-five (31%, 95% C.I., 25.5 to 36.5%) of the participants reported tobacco abstinence at over six weeks post QD. Twenty-eight (10.3% of contacts, 95% C.I., 4.8% to 15.8%) long-term quitters (LTQs—over six months off, average 27 months, longest 60 months and still off) were found by 1998. Adjunct pharmaceuticals were used by four LTQs (14%—NQ comparison diff. = 6%, 95% C.I., -8.9% to 20.9%; P>.5), two used transdermal nicotine patches, and two, bupropion. Exercise was reported by four LTQs as helpful in quitting, particularly regarding weight control, and spiritual renewal coincided with a third, successful QD in one LTQ.

The 49 NQs and 28 LTQs were studied retrospectively for traits. No significant differences were seen in demographics (See Table 3.). (The two-tailed t test for different variances was used for comparisons of differences of means.) Average days to QD were significantly greater in the NQ group. (Table 4) Also, making the QD equal to the encounter date was seen significantly more frequently in LTQ people. No significant differences were seen between the groups' anthropometric measurements or pulmonary function test values (Tables 5 and 6.). Higher perceived levels of stress were found in the NQ population (See Table 7.). Eleven percent of NQ individuals who indicated on the questionnaire they consumed ethanol regularly failed to fill out the CAGE[6] questions (on the same page), while none of the imbibing LTQs failed to do so.

Table 3. Comparison of selected characteristics of Long-Term Quitters (LTQ) and Non-Quitters (NQ) groups -- Demographics. (NS = Not Significant)

Characteristic:	**LTQ**	**NQ**	**Delta, (95% CI); P Value**
Total in Group:	28	49	
Males:	19 (68%)	34 (69%)	1%, (-25% to 27%); P>.5
Females:	9 (32%	15 (31%)	1%, (-25% to 27%); P>.5
Average Age (yrs)	43	45	2, (-2.9 to 7.4); P=.4

Table 4. Intensity of tobacco use at baseline and study smoking behavior are listed below. ("Average Days to Quit Date" equals the number of days from the encounter date to the quit date.) (**LTQ** = Long-Term Quitters, **NQ** = Non-Quitters)

Cigarette Activities:	**LTQ**	**NQ**	**Delta, (95% CI); P Value**
Average Packs/Day	0.7	1.0	0.3, (0 to .6); P=.06
Average Packs-Years:	17	27	10, (.8 to 19.2); P=.04
Average Days to QD:	10	26	16, (.6 to 31); P=.04
QD = Encounter Date:	14 (50%)	7 (14%)	36%, (15% to 57%); P=.001

Discussion

Primary care physicians can effectively help their smoking patients stop by using brief intervention and simple office organizational procedures. Interventions involve asking all patients about smoking, advising smokers to quit, assisting with self-help materials, establishing a date for quitting, possibly supporting the use of nicotine in gum, transdermally, or other delivery vehicle, or bupropion, and arranging follow-up office visits. Ensuring a smoke-free office, establishing a mechanism to identify and monitor patients who smoke, performing pulmonary function testing at each visit, and involving staff in intervention and follow-up care are critical to success.[7] Interventions can be applied at every smoking contact, tailored to the smoker's stage of behavior change, current life stress, and forthrightness of attitude. The success rate will be higher than reported values if the physician remains the primary contact, particularly making and recording follow-up phone calls.

Table 5. Anthropometrics and other baseline clinical information, including "Maximal Oxyget Uptake" as calculated from the baseline Bruce protocol GXT, are displayed below. (**LTQ** = Long-Term Quitters, **NQ** = Non-Quitters)

Baseline Indices:	**LTQ**	**NQ**	**Delta, (95% CI); P Value**
Average BMI:	26.3	26.3	0, (-1.8 to 1.8); P=.98
Ave. Rest. Heart Rate:	73	75	2, (-2.9 to 6.9); P=.48
Average Sitting BP:	119/77	119/77	0, (-7/-2 to 7/2); P=.95
Average MVO_2:	35.8	33.4	3.4, (-1.5 to 6.3); P=.24

Table 6. A listing of various pulmonary function test (PFT) values measured in the two groups of smokers at baseline appears below.

PFTs:	**LTQ (n=13)**	**NQ (n=27)**	**Delta, (95% CI); P Value**
Average FEV_1/FVC (%):	73	76	3, (-3.2 to 9.2); P=.29
Average FVC (% Pred.):	90	90	0, (-12 to 12); P=.96
Ave. $FEF_{25-75\%}$ (% Pred.):	58	72	14 (-1 to 29); P=.09
$FEF_{25-75\%}$<55% Pred:	7 (54%)	8 (30%)	24%, (-8 to 56); P>.05

Table 7. This table depicts stress levels, alcohol use, and CAGE responses. (In the "History Questionnaire" participants answered the following question by selecting a number from the line graph below reflecting their current stress status: "On a scale of one to five, what is your overall degress of stress?"

1 = relaxed 1 2 3 4 5 5 = very tense

(**LTQ** = Long-Term Quitters, **NQ** = Non-Quitters)

Lifestyle:	**LTQ**	**NQ**	**Delta, (95% CI); P Value**
Average Stress Level:	3.0	3.3	.3, (-1 to .7); P=.17
Stress Level > 3:	5 (19%)	19 (43%)	24%, (15 to 57); P=0.03
Ave. Daily Ethanol (oz.):	.8	.6	.2 (-.3 to .7); P=.41
Ave. CAGE Affirmatives:	.4	.3	.1 (-.27 to .47); P=.53
On Ethanol, CAGE blank:	0 (0%)	4 (11%)	11% (.6 to 21); P=.04

Smokers in the contemplation stage who appear eager to set a QD proximal or equal to the encounter date, who have low to average stress scores and complete the CAGE questionnaire if they consume ethanol are most likely to achieve LTQ status.

Conclusion

This report suggests the use of a telephone in a casual quit-date contractual agreement, combined with physician commitment, including follow-up by phone, can help some smokers quit. Depth of commitment on the part of the primary care doctor in the cigarette-smoking patient relationship is readily perceived by a smoker; a concerned doctor takes the time to make a phone call. This is where the medical battle with tobacco companies will be won—one conversion at a time—a war of patience, and a base for medicine's role in the assault on "tobacco politics."[8]

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In The News

William Allen, MD, *Columbia,* has been honored by the Missouri Academy of Family Physicians for his 45 years of membership.

Leonard Berg, MD, *St. Louis,* professor emeritus of neurology and founder and former director of the Alzheimer's Disearch Research Center at Washington University School of Medicine is one of five receipients of the Lifetime Achievement Award for distinguished research in Alzheimer's disease from the 7th International Alzheimer's Disease and Related Disorders Conference.

James Bosscher, MD, *Springfield,* recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at St. John's Regional Health Center. He is among the national network who provide leadership and support to the Approvals Program, and other Commission on Cancer activities.

Kenneth Derrington, MD, Camdenton, was recently honored by the Missouri Academy of Family Physicians for his 25 years of membership.

H. Peter Ekern, MD, *Mexico,* has been honored by the Missouri Academy of Family Physicians for his 35 years of membership.

Bernard Griesemer, MD, *Springfield,* has been selected by the International Olympic Committee to serve as a medical commissioner at the upcoming Summer Olympics in Sydney, Australia. He will be one of two U.S. physicians observing the testing of athletes for drugs.

Linda Johnson, MD, *Kansas City,* has been appointed associate dean for student affairs at the University of Missouri-Kansas City School of Medicine.

In recognition of his many years of contributions to the health care needs of the Waverly area and beyond, June 4-10, 2000 was declared as "**Gene McFadden, MD**, Appreciation Week."

Jay Piccirillo, MD, *St. Louis,* has received a one-year $77,000 grant from the National Cancer Institute for a research project titled "Development and Validation of a H & N CA Cocorbility Index."

Timothy Smith, MD, *St. Louis*, received the American Headache Society's annual Kaplan Award in recognition of his research in the area of analgesic rebound for chronic daily headache. The award is given for the best abstract submitted to the Society's Annual Scientific Meeting on chronic daily headache.

Joe Starke, MD, *Columbia,* recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Boone Hospital Center. He is among the national network who provide leadership and support to the Approvals Program, and other Commission on Cancer activities.

Gary Vickar, MD, *Florissant*, was recently named president of the Eastern Missouri Psychiatric Association and will serve in that position for the next two years.

Martin Wax, MD, *St. Louis*, has been awarded the 1999 Lewis Rudin Glaucoma Prize by the New York Academy of Medicine. The Prize is given annually for outstanding glaucoma research published during the previous year.

George Bohigian, MD, *St. Louis,* was awarded the Golden Medallion by the Missouri Society of Eye Physicians and Surgeons. The award is given for continuing service on behalf of the profession of ophthalmology in Missouri.

Larry Rues, MD, *Kansas City,* has been installed as the 52nd president of the Missouri Academy of Family Physicians.

In Memoriam

Barnett, Aaron, MD, 90, *Paris*, died June 22. Prior to retiring he served the area as a general practitioner.

Biggs, Harry, MD, 84, *Cape Fair*, died July 17. He was a retired general practitioner.

Ecker, Desider B., 94, *Sun City Center, Florida*, died July 22. He was a retired family physician.

Guze, Samuel B., MD, 76, *Clayton*, died July 19. He was psychiatrist.

Harner, Casper G., MD, 91, *Austin, Texas,* died June 20. He was a retired dermatologist.

Kinder, James, MD, 82, *Cape Girardeau*, died July 1. He was a pediatrician.

Liang, Jing, MD, 65, *Independence*, died July 6. He was a general surgeon.

Thompson, Frederick G., MD, 72, *St. Joseph,* died April 3. He was a retired pediatrician.

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22 - *Clayton:* Women's Health: Menopause. Contact St. Louis University CME office 314-577-8167 or 1-800-553-2712.

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17 - *St. Louis:* ASTRO Presentations (Radiation/ Oncology). Call Washington University 314-362-6891.

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1 & 2 - *St. Louis:* Fingers to Toes: Orthopaedic Review for Primary Care. Call Washington University 314-362-6891.

2 - *St. Louis:* Petrie Memorial Symposium on Maternal-Fetal Medicine. Call St. Louis University CME office 314-577-8167 or 1-800-553-2712.

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- What Have You Done for You, Lately???
- U.S. Supreme Court Validates HMO Financial Incentives and Further Undermines Professionalism in the Practice of Medicine
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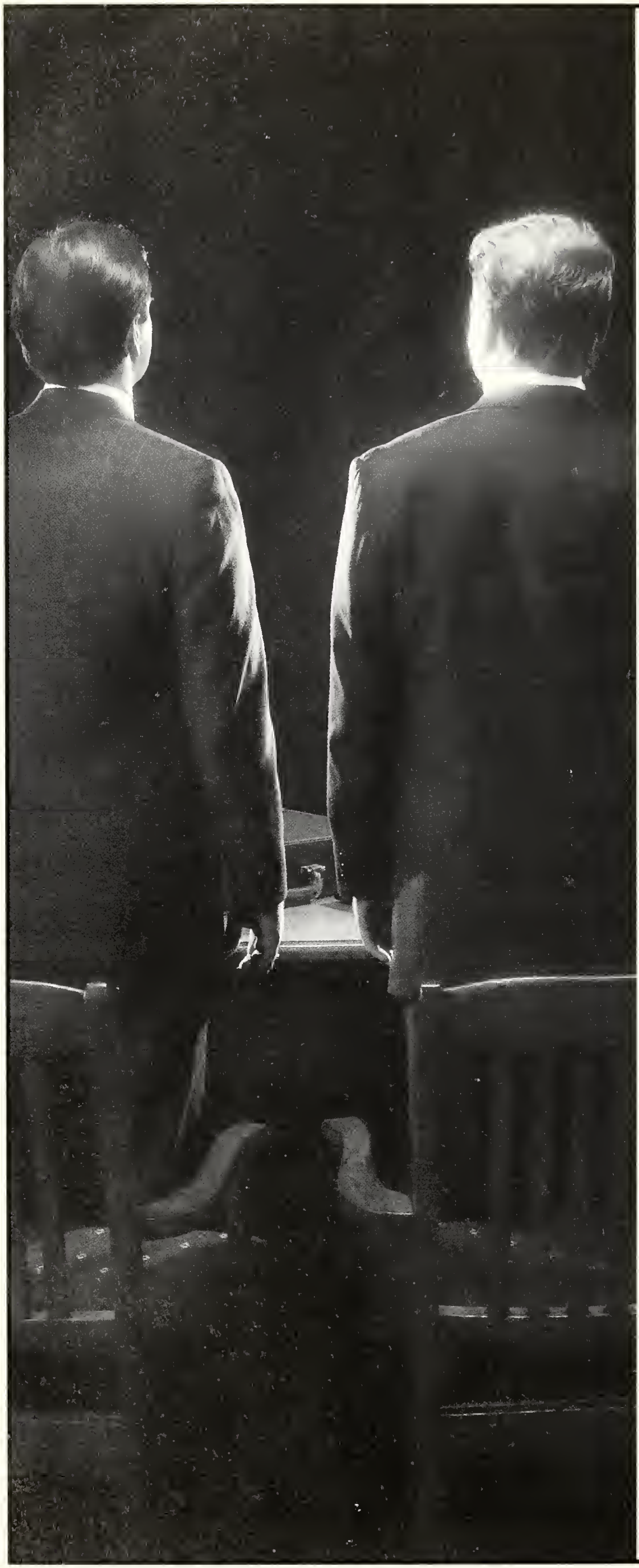

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Good To The Last Drop

J. Regan Thomas, MD

The debate surrounding the possible health benefits of wine continues. While some say the ethanol content (in moderation!) is what spurs some anti-atherosclerotic protection, others argue that it is the beneficial effect of grape skin derivatives and that grape juice may be as effective as red wine

In the meantime, the various purported health benefits of the many popular herbal remedies continues to be touted and sales from health food stores are at an all time high. A beverage industry trade publication notes that so called wellness drinks including juice blends, ginseng teas, and soy milk account for 18.5% of new beverages on the market.

So you might think that coffee drinking, with all of its negative health concerns will be a thing of the past. Well maybe not. That morning cup of java or late night "pick you up" cup of joe is changing to keep up with the times. Research is demonstrating that coffee contains many of the elements thought to be beneficial by the herbal health gurus which are also in green tea. Green tea is one of the most popular of the herbal health drinks. In particular coffee and green tea both contain polyphenols which are thought to be natural cancer preventatives.

In a *USA Today* story by Dan Vergano, a new coffee is coming to the market that boasts high levels of cancer-fighting chemicals. This so called "wellness coffee" is processed in a way that retains these beneficial ingredients rather than removing them as happens in normal coffee bean roasting. Thomas Slaga is quoted in the *USA Today* article as being ready to market the coffee within 18 months. Slaga, of the AMC Cancer Research Center in Denver, says his process doubles the presence of polyphenols retained in the coffee after roasting.

Fine you say; but what about all that caffeine we may be drinking? The coffee world has an answer on the horizon for that too. Another report just publicized by a group of plant geneticists says they have developed a coffee bean that has no caffeine. Now, the process that removes caffeine and makes "decaf" creates a taste frequently described by hard core coffee drinkers as "flat." The new gene-bean will taste the same the developers say, but without the caffeine.

Perhaps these coffee developments present a philosophy that we should follow in regard to other dietary concerns. We have a society that worries about carcinogens in their food, too much cholesterol or fat, too much sugar or salt, but has difficulty in following a diet to avoid any of these dangers. Maybe as with coffee, we can simply remove the bad stuff from our favorite foods and continue to use our forks and spoons rather than our willpower. So far, cholesterol lowering potato chips have been as successful as the "safe cigarette." However, with safe, healthy coffee on the way, can cancer preventative, anti-hypertensive, cholesterol lowering cheesecake be far behind? Bon appétit. **MoMed**

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What Have *You* Done for You, Lately???

Gordon M. Goldman, MD

It seems each day I walk into the physicians' lounge at the hospitals, or surgicenters, and hear physicians talking to one another about retrospective denials, precertification denials for surgery, procedures, hospital admission, health plans not paying promptly, and on and on ad-nauseam. Some interesting characteristics about these discussions should be noted. Consistently most notable, is the fact the complaints are not about physician income per se, but rather more concern that patients are being denied access to medically appropriate (as differentiated from medically necessary) care. It is immediately obvious that if patients are denied access to care, physician incomes will be lessened, but that seems only to be a secondary concern. Similarly, if payment schemes of third-party payers are so inadequate as to make treatments minimally, or not at all profitable, physicians have little motivation to make available such services, thereby decreasing patient access. This is especially true for the Medicare and Medicaid programs. Those programs represent just a small sampling of what things might be like under a universal health care, single-payer system.

And so, I sit down and join in the discussion from a different perspective. I ask, "So other than sitting around here and "crying in your beer," what have ***you*** done to correct the problem?" The silence is deafening. I ask, "Have you written a complaint detailing the problems to the Missouri State Department of Insurance or the Attorney General's office, for investigation?" Again, the silence is deafening. I say, "You know, we have committees at the SLMMS (as do most component societies) and the MSMA that deal specifically with such complaints. Have you written to them about it? Are you a member of the SLMMS or MSMA?" Their gaze drops downward and a pathetically sheepish, embarrassed expression replaces their previous countenance of indignation.

And I hear all the same responses you do. "I didn't think the Association (or Society) acted quickly enough, or appropriately" with regard to some issue. Or, "I just don't have the time to devote to that kind of activity." My response is, if there was a lack of activity or appropriate response to a problem, maybe it is because ***you failed to give your input. Not joining or continuing your membership only perpetuates and compounds the problem, since your voice cannot be heard if you are not a member!!!*** I don't think you can afford ***not to make the time*** needed for those activities. If you are not a member or not actively involved, how do you ever expect to make your views known? "You know, I really have to do that," they say. I respond, "Yes, you are right, you really do have to do that!!!"

In my inaugural address, I mentioned the aphorism we used when I was in Vietnam. "You are either part of the solution, or you are part of the problem." Those who choose to just sit around criticizing the actions of third party payers without actively working for change, are just as much to blame for their own (and all of our) problems as those who create the problems to begin with. Their complaints are, on their face of them, both disingenuous and without merit, because they choose not to take any action to remedy them. We have failed as a profession to learn from those other oppressed groups in history, who have validated the principle of their cause, by organized protest and collective expression of their views.

Women did not get the right to vote by sitting around and moping to one another. No, they organized and pushed the legislative process until their views were widely accepted as legitimate. It was not easy or immediate, but it got the job done. The civil rights movement in our country is a further example of the same determination. It did not happen because African-Americans were content to sit in the back of the bus, or have separate wash or bathrooms. They refused to accept the notion that they were second-class citizens. They organized and pushed the legislative process, validating the legitimacy of their complaints. It did not happen overnight, nor was it an easy process, but it got the job done. So, when I hear my colleagues complain, I ask the hard questions. Maybe then they will understand that unless they work for change, it will never happen.

The fact that you are reading this in the first place, attests to the value you place on collective effort. ***But what else can you do?*** Again, in my address in April, I asked for your help in "moving mountains." ***Have you*** talked with your legislators or candidates for the upcoming elections? ***Have you*** contributed financially to their election campaigns? We complain about the power of the trial attorneys, yet as a group, we are unwilling to commit the time and financial resources to those who can make a difference. Why should we expect to get any more than we give?

When you hear colleagues complaining about the way they are being treated, don't buy into it!!! Engage them!! Explain to them, unless they are willing to become actively involved in organized medicine, at least at the local and state level, ***they are as much (or more) responsible for the problem***, as are the people they complain about. Carry membership applications in your briefcase or in your coat pocket. They are simple and don't take up much room. (A copy is on the opposite page.) Give them an application and tell them, "If you are really sincere about making change, here is a positive approach that has proven to be successful." ***If each one of us was to get only one new member, our Association would represent nearly 90% of the practicing physicians in Missouri.*** Wow, wouldn't that be impressive when we petition the legislature for additional funding for Medicaid!!!

What an increased impact that would have when we testify for legislation in Jefferson City or talk with our congressional delegation in Washington. And think about the impact it would have at the AMA, increasing our delegation!!! If we want to have a voice in the way AMA does things, we must have representation.

So, it comes down to this. ***Every member get a member!!!*** It is in your own best interests. MoMed

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Caring Statewide: Alliance Sponsors Health Projects

Anne Turnbaugh, RN, BSN, MBA, MSMA Alliance Vice President of Health

The Missouri State Medical Association Alliance is about caring: caring about medicine, caring about the people in our community, and caring about the violence in our schools. During the past year, local county Alliances have defined what is needed in their communities, looked at the problem and implemented plans and projects of caring that have made communities and schools better and safer.

Greene County developed the *40 and Forever Program* to provide first-time mammogram screenings to women ages 40-49. Hospitals in the Springfield area along with private radiologists and the American Cancer Society made it possible for 500 women to have mammograms for the first time with the hope they will continue the annual screening.

Buchanan County taught self-breast examinations to elementary school teachers in St. Joseph. **Jasper-Newton** Alliance members became CPR instructors and then went into the high school in Joplin to train students and teachers. Many counties distributed organ donor cards and the **Cole County** Alliance in Jefferson City participated in hospital health fairs and the Missouri State Health Employees Fair with education information about organ donation. Approximately 30,000 to 40,000 people were reached in Jefferson City.

Several counties have plans to adopt the *Baby Think It Over Program*. *Baby Think It Over* is a life-sized programmed doll that reacts and imitates all the actions of a real baby. **Butler, Wayne, Ripley, Carter** Alliances placed five "babies" in the Poplar Bluff, Twin River, and Neelyville schools. **Jasper-Newton** has placed a doll in their pregnancy crisis center in Joplin. Hopefully, this may help young pregnant teens decide and look at all of their options upon delivery of their "real" baby.

Stop America's Violence Everywhere (SAVE) and SAVE Our Schools From Violence are ongoing projects for most counties and is a unifying force of our organization.

Studies show that people with low health literacy have poor health and 52% more likely to be hospitalized. As our country becomes more multicultural, we need to be able to communicate health information to the many different people who are now living in the United States.

The **Missouri State Medical Association Alliance** is doing this and IS doing their part in supporting medicine, communities, and schools. MoMed

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U.S. Supreme Court Validates HMO Financial Incentives and Further Undermines Professionalism in the Practice of Medicine

Arthur H. Gale, MD

Recently the U.S. Supreme Court in a unanimous decision validated physician financial incentives, even if the incentives contribute to harming a patient. As stated in Justice Souter's opinion, "The question in this case is whether treatment decisions made by a health maintenance organization, acting through its physician employees, are fiduciary acts within the meaning of the Employee Retirement Income Security Act of 1974 (ERISA). We hold that they are not." The Supreme Court reversed the Federal Appeals Court's decision, which had come to precisely the opposite conclusion.

The case of Herdrich vs. Peagram was about a patient with abdominal pain and a pelvic mass who had to wait eight days for a pelvic ultrasound to be performed at a facility used by her physician's HMO. During this period of time the patient's appendix ruptured and she developed peritonitis. She could have had the ultrasound performed in a more timely fashion at a nearby hospital . . . Herdrich successfully sued her physician for malpractice.

Herdrich believed that she could also sue the HMO under a provision of ERISA. She contended that HMO financial incentives to withhold care constituted a breach of fiduciary duty to the patient.

What is a fiduciary's duty in general and what is a fiduciary's duty to an employee-patient under ERISA? The Supreme Court's answer to these two questions has tremendous significance for the doctor-patient relationship.

The Court's opinion says that under ERISA fiduciaries shall discharge their duties with respect to a plan "solely in the interests of the participants and beneficiaries." The opinion goes on: "Responsibilities under ERISA have the familiar ring of their source as the common law of trusts. The common law charges fiduciaries with a duty of loyalty to guarantee beneficiary's interests...and must exclude all selfish interest and all consideration of the interests of third persons. A trustee is held to something stricter than the market place..." So far this definition of a fiduciary's duty sounds pretty much like a doctor's relationship to a patient under the Hippocratic Oath.

But then Souter backs off and says that the common law definition of fiduciary duty does not apply to the doctor patient relationship. It applies only to a trustee's relationship to a trust. It has to do with guardianship of money such as is held in a pension or retirement plan. The Court's opinion then proceeds to propound a long and involved argument as to why the doctor's role as guardian of a patient's health under ERISA is of a lower order than a trustee's guardianship of a person's financial wealth.

Under ERISA the fiduciary duty of a doctor to a patient is not as strict as that of a trustee to a pension plan because the physician's decisions are "mixed" and contain elements not only of diagnosis and treatment but "eligibility" of patients for plan benefits.

The Court cites the Health Maintenance Organization Act passed by Congress in 1973 under the Nixon administration as the source of this new definition of the doctor-patient relationship. The Court states that, under the HMO Act Congress intended that physicians act not only on behalf of patients but also on behalf of the company, which contracted with the HMO to administer the plan. The company must continue to make a profit. The physician must weigh the interests of the for-profit company against the needs of the patient. Thus the role of the doctor is "mixed" and, according to the Court of a lower order than that of a true fiduciary.

This type of hair-splitting reasoning just doesn't make sense in the real world. Most physicians try to treat all patients the same – according to their best medical judgment. It doesn't make any difference whether a patient is covered under ERISA, under Medicare, under individually owned insurance, or even whether the patient has no insurance.

The Supreme Court's definition of a physician's duty under ERISA is artificial and contrary to the Hippocratic Oath. Furthermore it probably does not represent the intention of Congress in 1973 when the HMO Act was passed. In 1973 there were virtually no gatekeeper HMOs and no examples of financial incentives to withhold or delay care.

There were staff model HMOs like Kaiser, which assumed financial risk. These staff model HMOs held promise for reducing health care costs. However, in the 1970s and 1980s there were numerous studies that showed that staff model HMOs achieved no cost savings compared to fee-for-service when physicians practiced according to their best medical judgment.

For the Court to say that Congress intended that physicians treat patients insured under ERISA HMO plans according to a different and lesser standard than other patients (and to a different standard from a trustee in charge of a person's financial assets) is simply inconsistent with the facts. Many of these Congressmen would likely be appalled at the Court's interpretation of the law. They did not foresee physicians becoming "company doctors" rather than independent professionals under either the Federal HMO Act or ERISA.

The Supreme Court's interpretation of Herdrich vs. Pegram is in keeping with its previous decisions commercializing the practice of medicine. In the 1975 decision Goldfarb, (*Missouri Medicine* July 1997) the Supreme Court declared that medicine (and law) were no longer learned professions exempt from antitrust law but were "ordinary purveyors of commerce." This decision essentially handed over control of medical ethics to the Federal Trade Commission. In the 1980 decision AMA vs. FTC (*Missouri Medicine* September 1997) the Supreme Court backed the FTC's demand that the AMA remove two Principles from its Principles of Medical Ethics. One of these Principles is virtually a mirror image of the Hippocratic Oath. In Herdrich vs. Pegram the Supreme Court in effect finalizes the removal of professional standards from the practice of medicine.

The response of various interest groups to this decision is worth noting. The HMO industry, as expected, hailed the decision as validating their methods of controlling costs. The trial lawyers are not dismayed by the decision, however. They say they are not challenging the practices that managed care uses to save money. They are challenging their misrepresentations and failure to make truthful disclosures about those practices, just as they did in their class action victories over big tobacco. The AMA supports that part of the decision which states that ERISA and the federal courts are not the place to seek redress of grievances against HMOs. The decision affirms AMA policy that a strong federal patient protection bill is needed so that patients can seek legal remedies in state courts.

It is difficult to comprehend the Supreme Court's conclusion that a trustee's guardianship of a person's wealth is more important than a physician's guardianship of a person's health. Reading the Supreme Court decision reminded me of a famous radio routine by the comedian Jack Benny. In the skit a robber holds up Benny at gunpoint.

Robber: "Your money or your life."

Benny: Silence.

Audience: Laughter.

Robber (after several minutes and by now exasperated): "Make up your mind, your money or your life!"

Benny: "I'm thinking. I'm thinking."

Audience: More laughter.

Unfortunately, health care is no laughing matter for the public. Most Americans, especially those with health problems would not agree with the Supreme Court that wealth is more important than health. They don't want their physicians to have divided or "mixed" loyalty, part to the HMO and employer and part to them. That is why 80% of the public support a strong patient bill of rights to make HMOs accountable when their decisions harm them.

Passage of a strong patient bill of rights would neutralize the three Supreme Court decisions that have undermined professionalism in the practice of medicine. By making HMOs accountable, physicians could again practice independently and according to the tenets of the Hippocratic Oath. **MoMed**

Role of the Physician in the Home Health Prospective Payment System

Physicians have a pivotal role in Medicare's home health program. This program changed its system of payment to home health agencies on October 1, 2000. Although the basic role of the physician in this system, to certify home confinement, the need for home care, and to develop, certify, and recertify the plan of care will not change, the physician will be conducting these activities in the context of a change in the home health agency's incentive to provide services. The new payment system is prospective, similar to DRGs for hospitals, wherein levels of payment are established prior to care being delivered. Thus the home health agency's incentive will be to "provide care efficiently by using as little resources as possible to provide care for the patient." In this context the physician will want to ensure both that the patient "requires Medicare covered home health services ***and*** that the appropriate amount has been prescribed."

Following is a HCFA drafted program memorandum. The language has been updated to reflect changes made in the Home Health Prospective Payment System (HH PPS) based on the final rule published in the July 3, 2000 Federal Register.

PROGRAM MEMORANDUM B-00-16

Currently, home health agencies (HHAs) receive payment under a cost-based reimbursement system subject to limits referred to as the interim payment system. The Balanced Budget Act of 1997 (BBA '97) mandated the creation of a prospective payment system (PPS) for home health services. A proposed rule modifying the provision may be found at 64 FR 58134 (October 28, 1999). The final regulation governing this section of the BBA '97 was published on July 3, 2000 with a planned effective date of October 1, 2000.

While the entire regulation deserves attention, this article supplements the regulation and is not meant to circumvent the normal rule-making process. The purpose of this article is to alert the physician community of the proposed changes in the home health payment system and to inform them of their responsibilities within the system. This bulletin is the first in a series of bulletins. A forthcoming bulletin will provide further detail regarding Outcome Assessment Information Set (OASIS) – the home care assessment system. It is recommended that billing offices forward this bulletin to their physicians.

I. The Regulation

This rule sets the methodology for the national PPS applicable to all covered Medicare home health services. It incorporates a national 60-day episode payment, adjusted for patient condition and area wage costs, for all services furnished to an eligible beneficiary under a Medicare home health plan of care. The PPS will affect the existing billing and payment practices. Payment for services will remain specific to the individual beneficiary (who is homebound and under a physician's plan of care) and to the site of the services delivered.

The basic vehicle for home health claims will remain the UB-92 (HCFA-1450) claim form. The claims will continue to be processed by the current Regional Home Health Intermediaries (RHHIs). RHHIs will also continue to conduct audits of providers' records, as needed, to assure that payments are appropriate for care provided. Treatment must follow a written plan of care established and reviewed by the attending physician at least every 60 days.

II. Physician Responsibilities

The fundamental physician responsibility in the PPS is to be the determiner of the patient's health care needs and advocate for the services required to meet those needs. In order to perform this role efficiently, certifying physicians must utilize their intimate knowledge of the patient's medical condition. As such, physicians have two specific responsibilities:

- Certify that the patient is confined to his/her home and is in need of home health care.
- Develop, certify, and recertify the plan of care, including key aspects of the patient's condition.

III. HCFA-485

Form HCFA-485 is used for home health and plan of care certification and recertification.

A. Home Health Certification

The beneficiary's physician is responsible for signing the home health certification form HCFA-485 upon the initiation of any plan of care. Section 1824(a)2 of the Social Security Act states that home health services are required when an individual is confined to his home and needs skilled nursing care on an intermittent basis or physical or speech therapy. If an individual who has been furnished home health services based on such a need and who no longer has such a need for such care or therapy, continues to need occupational therapy; a plan for furnishing such services has to be established by the beneficiary's physician, furnished under the care of the beneficiary's physician, and periodically reviewed by the beneficiary's physician. Upon the completion of every 60-day episode, if the patient is receiving continuous home health care from the same home health agency, the beneficiary's physician is responsible for home health recertification.

B. Plan of Care Certification

The PPS does not introduce change to the plan of care. It remains the beneficiary's physician's responsibility to develop a plan of care based on his/her intimate knowledge of the medical condition of the home health patient. The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, and safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.

The beneficiary's physician's orders for services in the plan of care must specify the medical treatments to be furnished as well as the type of home health discipline that will furnish the ordered services and at what frequency the services will be furnished. The plan of care must be signed and dated by the beneficiary's physician ***before*** the agency can submit a claim. Any changes in the plan must be signed and dated by the beneficiary's physician. If any services are furnished based on the beneficiary's physician's oral orders, the orders must be put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist responsible for furnishing or supervising the ordered services. Upon the completion of every 60-day episode, if the patient is receiving continuous home health care from the same home health agency, the beneficiary's physician is responsible for recertification of the plan of care.

IV. Payment Approach

A. Sixty-day Episode Payment

An episode, 60 days in length, is the unit of payment for proposed home health PPS. The episode payment is specific to an individual beneficiary. A 60-day episode begins with the first Medicare billable visit as day 1 and ends on and includes the 60th day from the start-of-care date. The next continuous episode recertification period begins on day 61 and ends on and includes day 120. The 60-day episode payment covers one individual for 60 days of care regardless of the number of visits actually furnished during the 60-day period unless there is an intervening event (to be discussed in Paragraph IV.B.).

The 60-day episode payment amount will be case-mix adjusted for each patient using the OASIS developed by HCFA as part of the required home care assessment. The system was developed combining 20 data elements to measure case-mix across three domains: clinical severity factors, functional status factors and service utilization factors. Key data elements and their respective values were identified for each dimension to create a case-mix system that included 80 severity categories, or home health resource groups (HHRGs). HHRGs are a case-mix classification system in which patient characteristics and health status information gathered from the OASIS assessment in conjunction with projected therapy use during the 60-day episode are used to determine payment. After obtaining the physician's signature on the plan of care, the HHA will submit an initial claim and receive 50 percent of the estimated case-mix adjusted episode payment. Each initial claim must be based on a current OASIS-based case-mix.

At the end of the 60-day episode, the HHA submits a final claim for the beneficiary and normally receives the remaining 50 percent of the estimated case-mix adjusted episode payment. Each final claim must represent the actual utilization over the utilization period, in line item detail. An initial and final bill must be submitted for each episode period. If care continues with the same provider for a second episode, the physician must recertify the need for home health services, a new OASIS assessment must be completed, and another initial bill is submitted. The HHA will receive 50 percent of the estimated episode payment amount for all recertification requests for anticipated payment.

An episode may end before the 60th day in the case of a transfer or discharge, and readmission. Such cases call for partial episode payment adjustments (PEP) to be described later.

B. Partial Episode Payment Adjustment

PEP adjustments provide a simplified approach to the episode definition that takes into account key intervening events in a patient's care defined as: a beneficiary-elected transfer to a different agency; or a discharge and return to the same HHA. In such situations, a new 60-day episode clock begins for purposes of payment. When a new 60-day episode begins, the original 60-day episode payment is proportionally adjusted to reflect the length of time the beneficiary remained under the agency's care before the intervening event. The prorated payment is the PEP adjustment. The new 60-day episode interrupting the original episode requires an OASIS assessment and physician's certification signature of the plan of care.

C. Significant Change in Condition (SCIC) Adjustment

If a patient experiences an unanticipated change in condition during a 60-day episode and the change is significant enough to justify a different payment level or change in the plan of care, the episode payment may be adjusted. In such situations, the early part of the episode would be proportionally paid at one rate and the latter part at an adjusted rate. Physicians would continue to be required to provide and sign change orders in the plan of care to accommodate the patient's significant change in condition. The SCIC adjustment does not restart the 60-day episode clock. The SCIC adjustment occurs within a given 60-day episode.

Under PPS, an agency is paid for a 60-day period of care, in general, without regard to the amount of services it provides in a 60-day period. Similar to hospital DRG payments, the agency has incentive to provide care efficiently by using as little resources as possible to provide care for the patient. Thus, as a physician, your development and certification of the plan of care is critical to assuring both that the patient requires Medicare covered home health services ***and*** that the appropriate amount has been prescribed. Because payment is based not on the number of visits provided, but the agency's characterization of the patient's condition, your intimate knowledge of the patient's condition is an important validator of the case-mix payment level.

Physicians have played, and will continue to play, a regular role in helping to assure that Medicare home health patients receive appropriate care. While Medicare's medical review and program integrity staff will be monitoring the new PPS system, we continue to rely on physicians as the pivotal profession in health care delivery to help assure the fiscal and clinical validity of the Medicare home health system. **MoMed**

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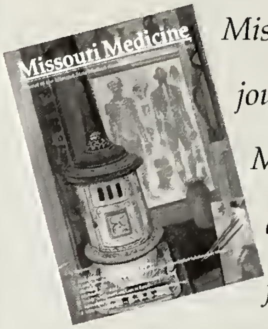

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Cerebral Air Emboli: An Uncommon Complication Resulting from a Common Procedure

Wanda Gobin, MD; Iftekhar Ahmed, MD

Introduction

First accomplished in humans in 1905, central venous access utilizing the subclavian or internal jugular vein for the purpose of parenteral nutrition, specimen withdrawal, or administration of medications is now a well-established procedure. Percutaneous cannulation with an indwelling catheter can result in a number of known complications including central venous thrombus, sepsis, improper positioning, pneumothorax, venous hematoma and vessel injury. There is an estimated 3%-10% complication rate in central venous line placement and maintenance, with experience being the major variable in a successful outcome.[1] The incidence rate of one additional complication, a resultant cerebral air embolism (CAE) is unknown and is considered rare. A search of the recent literature contained a total of six cases of (paradoxical) CAE being reported as a consequence of central venous catheterization.[2,3] CAE can be an acute complication when air is introduced into the venous system. The air emboli can transverse the vasculature causing a thrombosis of the cerebral circulation. This case reports a fatal CAE diagnosed in a patient following removal of the patient's central line from the internal jugular vein. It is emphasized that CAE should be considered in any patient who develops sudden CNS symptoms in association with any procedure that allows air to enter the vasculature.[4] Our patient under discussion experienced cardiac arrest and decerebrate posturing within a few minutes of the central line removal. The CAE was verified by CT and MRI, which substantiated diffuse venous emboli and thrombosis. To reduce the risk of a CAE, knowledge of proper procedure as well as minimal manipulation of the central venous catheter is suggested.[2] Rapid treatment measures are necessary to insure a successful outcome.[4] Hyperbaric Oxygen (HBO) therapy is considered the gold standard in the treatment of CAE. Mortality estimates for venous air emboli vary from 29%-43%. One study found that those who experience cardiac arrest exhibit 100% mortality.[5] We provide yet another example of CAE following removal of central catheter and review of literature.

Case Report

This is a 55-year-old male who was admitted to the hospital with diagnosis of bilateral pneumonia of pneumococcal type. Patient does give history of cough, fever, for the last several days duration. The chest x-ray on admission shows a bilateral infiltration in the lungs. Subsequently, the patient was started on antibiotic therapy. He continued to have a high temperature and following his oxygenation was poor and became tachypneic as well as tachycardic. His repeat chest x-ray showed changes suggestive of ARDS. At that point, he was intubated and placed on a ventilator and antibiotics were changed. A central line was placed for giving IV fluid as well as antibiotics and getting blood work done. He subsequently showed gradual improvement. His lung infiltrate improved and he became afebrile. He was weaned off the ventilator and he remained afebrile for 24 hours. There was no history of any prior cardiopulmonary or any other medical problems. The patient has not taken any medication at home and there was no history of any cardiopulmonary surgeries or any other surgical procedures on the patient. Patient started taking fluid by mouth and eating a regular diet. At this point, the order was written to remove the central line. At the time of removal of the central line, patient was in a recliner and central line was pulled uneventfully.

It is not clear if patient was inhaling at the time or not. Within a few minutes of that, the patient developed some dizziness or mild headache and had a brief episode of convulsive seizures and previous episode of tonic-clonic type of seizure and suffered a sudden cardiac arrest.

Patient was intubated and at that point a neurological consultation was obtained. Neurological consultation revealed patient was comatose. He was decerebrate. He was somewhat tachypneic and was being bagged following intubation. He was loaded with Dilantin because of episodes of seizures.

The rest of the neurological examination revealed pupils were 4 mm, equal and reactive. Fundi showed no papilledema. Oculocephalics were intact. No facial asymmetry was noted. Patient had bilateral decerebration. Reflexes were brisk. Plantars were extensor. On sensory stimulation he would exhibit bilateral decerebration. Neck was supple. Pulse was 90 per minute, respirations were 22. Blood pressure was 140/80. An emergency CT scan of the head was ordered which showed massive air embolism bilaterally in the hemispheres (Figure 1). Arrangements were being made for Hyperbaric Oxygen therapy as that therapy was not available at the institution. MRI scan subsequently done within an hour of the initial CT scan which showed widespread venous thrombosis with massive cerebral edema. Besides the anticonvulsant, patient was started on steroids. Subsequent course of the patient was downhill. He remained comatose. Fundi subsequently showed gross papilledema. He continued to deteriorate and the family decided to take him off the ventilator and the patient expired on the seventh day of his original injury.

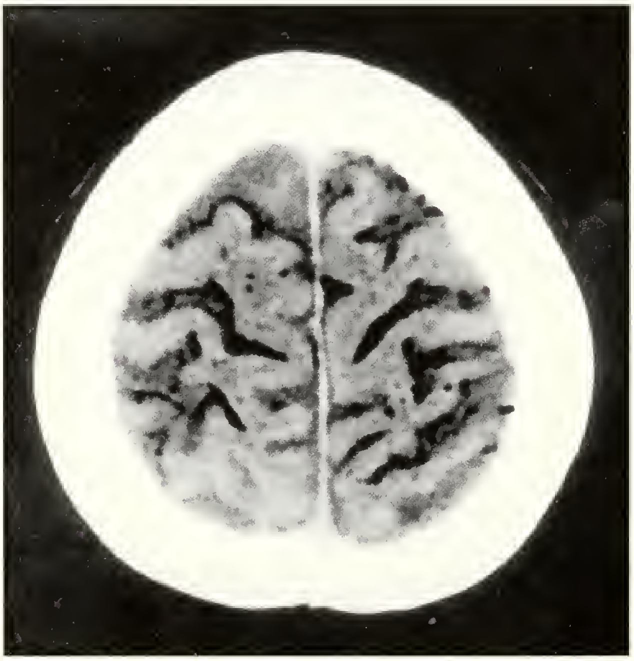

Figure I.
CT scan of head showing air embolism.

Discussion

There are various surgical procedures in which a known complication can be a resultant venous air embolism. Several surgical modalities reported in the literature for the initiation of an air emboli in addition to central venous catheterization includes cardiac catheterization,[4] positive pressure ventilation,[6] cardiopulmonary bypass,[7,8] chest trauma,[9] fine needle biopsy[10] and hydrogen peroxide ingestion.[11]

Air embolism introduced into the venous system rarely produces identifiable pathology. The filtering capacity of the venous circulation and the lungs will normally dissipate most air bubbles. If the air however, is not significantly dissolved in the venous circulation, the air bubbles can block the circulation by filling the pulmonary vasculature and the right side of the heart. Diagnosis can be made by auscultation of a cogwheel churning heart murmur. It is pointed out that the air does not normally progress past the right side of the heart and the pulmonary arteries to enter the left ventricle.[12] The literature reports animal studies in which death resulting from a venous air embolism does not occur until 3-8 ml air/kg body weight.[2,4] (In humans, 300-400 ml of air if injected rapidly into the peripheral venous system, can cause cardiac arrest, but not necessarily a CAE.[13]) In one study, a fatal air embolism resulted from gastrointestinal endoscopy. It was found that the velocity of air insufflation is key to the volume of air (70-130 ml) necessary to cause fatal venous air embolism[14] and is a rare cause of death.[12] Pressurized surgical procedures are increasing in use with a predicated increase in massive air embolism.[15]

An older study reports death to have occurred after 100 ml of air entered the central line. This is the amount of air which can enter through a 14 gauge needle in one second.[16] The above demonstrates that larger amounts of air are necessary to cause pathology depending on speed of administration when applied to the venous system. It is pointed out that one study found only 2 ml of air injected directly into the cerebral circulation was all that was necessary to be fatal.[9] Air in the cerebral arterial system can be damaging despite the comparatively smaller amounts which may be introduced. Venous air from a central line or other surgical procedure can become arterialized and systemic by gaining access to the pulmonary venous vasculature as the emboli tranverses the lungs. Anytime a positive pressure gradient exists, air is forced into the vessels.

This can occur as a result of trauma[9] as when a bronchovenous fistula is created,[10] as a result of an interpulmonary shunt,[2,9,11] via a physiologic arteriovenous anastomosis,[10,17] or by unknown means.[3,6] One of the most common is paradoxically through a patent foramen ovale, present in at least 25%-30% of the population.[2,11,18] Once the air emboli clears the lungs, it can result in cardiac arrest from thrombosis of the coronary vasculature, and/or travel to cause a thrombosis of the cerebral circulation. Another study found that clinically detectable brain injury occurs with arterialized air bubble size as small as 50-200 micrometers, which equals 3.5 ml of air in a 70 kg individual.[19] In our patient, although air emboli were detected in the cerebral circulation, the patient did not possess a patent foramen ovale, as verified by type of echocardiogram. The literature indicates the initial evidence of a possible CAE is typically manifested by a sudden, focal, neurological event[2] and may be associated with respiratory distress and cardiac symptoms. The patient may exhibit a variety of signs from confusion, focal and sensory deficits, vertigo, to a decreased level of consciousness, seizures, and possible death. The differential diagnosis of CAE includes pulmonary embolism, cardiac arrhythmia, myocardial infarction, and cerebral hemorrhage. In this case, our patient exhibited identifiable symptoms within a few minutes of the removal of the central line. The patient went into cardiac arrest and displayed decerebrate posturing and could add additional symptoms at onset. Because all air emboli do not become CAE, nor are they life threatening, the type/extent of the emboli and the potential for recovery can be determined. In one study, cerebral air arterial embolism (CAAE) was found to affect somatosensory-evoked potentials (SSEP) with an inverse relationship. As the dose of CAAE is increased, the SSEPs decreased. In rabbits, 50 microliters/kg of air resulted in complete abolition of all somatosensory-evoked potentials. As SSEP recovery occurred after CAAE, neurological function followed. It is thus determined that SSEP measurements are an appropriate measure of neurologic outcome after suffering CAAE.[7,9]

The extent of neurological impairment as a result of a CAAE is not only dose dependent but also proportional to the size of the CAAE. When considering size, microscopic CAAE 50-200 micrometers, (or a dose of 50 microliters/kg) are considered more commonplace with various surgical procedures. At 24 hours after surgery, the signs of CAAE are found to be nonfocal, with drowsiness, incoordination, nystagmus, and depressed reflexes. These pathologies usually will resolve within several days with residual signs persisting longer if the number (dose) of microscopic CAAE are increased. Microbubbles are absorbed from the cerebral circulation in 1-11 minutes. Cerebral blood flow is thus interrupted briefly with SSEPs being restored within 30 minutes.[18] Macroscopic CAAE (500-100 micrometers), or doses between 150-200 microliters/kg results in poor SSEP recovery, severe neurologic impairment, and high 24 hour mortality. Seizures, hemiparesis, cerebral infarction, coma, and death are not unusual outcomes. The absorption of macroscopic bubbles requires 85-250 minutes, with no SSEP recovery.

It is believed that large volume CAAE block the large conducting arteries halting cerebral blood flow long enough to cause infarction.[20] Another method of determining the extent of air emboli was discovered in a study analyzing diving associated arterial gas emboli. It was found that arterialized gas bubbles circulated diffusely causing injury not only in the cerebral circulation, but to multiple organ systems. Serum enzymes are elevated with a correlation between an elevation in creatinine kinase and the size of embolism.[21]

Although the air emboli can block the cerebral circulation long enough to cause infarction, it has been understood that a majority of neurological injury from CAE occurs due to the thrombo-inflammatory response which begins subsequent to the absorption of the air emboli.[20,22,23] Damaged endothelium initiates the coagulation pathway with the end activation of thrombin and fibrin. This pathway further stimulates platelet aggregation and release of histamine and serotonin. The complement system also becomes activated. Mast cells, neurophils, and monocytes are further stimulated, resulting in a repetitive cycle of released chemicals mediators, increased vascular permability, increased chemotaxis, adherence and activation. Continual activation of platelets and leukocytes, with the subsequent release of histamine and the production of cytokines potentiates the inflammatory response. Nitric oxide production is reduced by the air-damaged endothelium, and thus imparts a reduced ability to counter the leukocyte adherence.[22,24] A study which analyzed lung injury in pulmonary air embolism found that the actual damage could be attributed to the activation of complement (particularly C3a and C5a) and its stimulation of neutrophils. The neutrophils create acute injury by releasing cytotoxic substances, active oxygen metabolites, and arachidonic acid products.[23]

CT can show collections of air, or air filling the entire cerebral circulation. It is pointed out, however, that only CAE 10 (-2) ml in size can be detected, with the absorption time for these bubbles taking hours to days.[25] It is further suggested that the absence of intracerebral air on CT does not exclude the diagnosis.[4,11] As detailed above, absorption times can vary. If a CT is not done immediately, microbubbles created from .5 ml-2 ml of air can be absorbed within minutes,[4] with the additional determination that only those above 10 (-2) can be seen anyway. CT can, however, exclude the diagnosis of intracranial hemorrhage or tumor, etc. One study described only one CT out of four being positive for divers being treated for arterial embolism.[11] Magnetic resonance (MR) imaging is also recommended in certain instances, although its diagnostic benefits are largely unknown for acute CAE.[11] One study which utilized MR for the determination of cerebral damage in diving related arterial gas embolism (AGE) concluded that focal involvement can be diagnosed with MR but should not delay treatment if negative.[11,26] MR was utilized to diagnose CAE after ingestion of concentrated hydrogen peroxide delineating a patchy distribution of brain infarction in the gray matter with sparing of the white matter.[27] In our patient, CT diagnosed venous air emboli one and a half hours following removal of the central line. Transcranial doppler, and transesophageal echocardiography were utilized in another study to detect air emboli.[7] It is reported that only these two modalities are sensitive enough to detect air emboli prior to physiologic indications.

Advances in catheterization equipment and technique (Seldinger technique, injection site cap with Leur-lock connections, etc.) have significantly reduced the threat of a CAE applications. Technical problems and accidents are, however, believed to be a major factor in the production of air emboli in central venous catheterization.[16] The chances of CAE occurring are reduced by using correct positioning and procedure.

The literature reports CAE being caused in various ways, to include during manipulation (introduction or removal) of the catheter; fracture of the catheter hub; detachment of intravenous administration sets from catheter connections; as a result of piggyback intravenous infusion being allowed to run dry or allowing any IV to run empty when under pressure; or finally, after removal of a catheter that has been in place for some time as a result of air being sucked in along its track.[3,16,28] One article reported 71%-93% of air emboli to occur a the disconnection of the junction of the catheter hub and administration equipment. Since the catheter tip lies close to the right side of the heart, air can be rapidly conducted to the heart.[5] The patient should always be in the head-down (20-30 degree Trendelenburg) position, with the patient performing a valsalva maneuver or timed with expiration.[16] If an opening from outside the body to a vein occurs, an air emboli is more likely when the patient is in the upright position, performing a deep inspiration, hypovolemic,[28] and tachypneic.[5] Minimal manipulation of the central line is also recommended.[2,15] If blood is to be drawn, capping and Luer locks should be utilized. It is further suggested that blood draws not take place through catheters utilized for other purposes, such as those used for hemodialysis.[2]

Multi lumen catheterization kits are optimal for allowing the catheter to be used for various procedures, such as blood draws, med injections and nutrition administration. Bags should be spiked and de-aired when being connected to a pressurized infusion system and the connection of an air-in line detector should be employed.[13] It is well established that Hyperbaric Oxygen therapy is the treatment of choice for the resolution of CAE.[8,9,11,25,29] Rapid recognition is imperative, particularly if HBO therapy is not on the premises. HBO therapy will decrease the gas bubble volume and diameter by increasing atmospheric pressure. Decreased PAN2, increases nitrogen absorption from the bubble, further accelerating total bubble absorption. HBO is also described to increase cerebral vasoconstriction, decrease intracranial pressure and decrease reperfusion injury.[8,9] It was found that the shorter the delay in initiating HBO therapy, the better the neurological outcome.[8,9,25] Other studies suggest postponing radiologic films since they provide little information and merely delays the HBO therapy.[8,11]

Additional treatment or preventive measures available, include perfluorocarbon (PFC) emulsion during surgical procedures. When added to the cardiopulmonary bypass prime solution PFC emulsion was found to decrease the neurologic effect of a massive air embolism in a pig model by causing a reduction in the death of brain tissue.[30] A second study further recommends that patients should be hemodiluted with PFCs to increase blood nitrogen solubility. That study utilized rabbits to prove a greater survival after CAAE.[25]

Additional treatment strategies include immediate placement of the patient in a head down, left lateral position. Administration of 100% oxygen to promote the exchange of nitrogen for oxygen in the air bubble. Intravenous steroids are suggested to reduce cerebral edema and aspirin to inhibit platelet aggregation.[10]

It has also been established that, with the exception of cardiopulmonary bypass surgery, prophylactic administration of heparin has a protective mechanism and will improve neurologic outcome following CAAE.[19,20] Administration of doxycycline was also found to be advantageous. Doxycycline will inhibit various processes of the inflammatory reaction, and thus will decrease neurologic impairment after CAAE. Specifically, it has been proven and reported by Reasoner et al, that doxy will decrease chemotaxis, adhesion, degranulation, superoxide generation, and mealloproteinase activity. In the rabbit study performed by Reasoner et al, they totally eliminated SSEP five minutes after air injection. In the doxy group, recovery was greater with the SSEP complete after 60 minutes, with neurological impairment significantly less after 4 hours and an improved 24 hour survival.[22]

Our patient demonstrated symptoms of CAE within 15 minutes of the central line removal. CT and MRI verified air emboli in the venous cerebral circulation, with thrombosis and inflammation observed at later intervals. While there is no evidence to believe that air suction occurred along the catheter track upon removal from the internal jugular, the patient was positioned in a recliner and was not in a Trendelenburg position. It is repeatedly pointed out in the literature that venous air embolism (VAE) is increased in head and neck surgery while the patient is in the sitting position. One article reports a 15% to 35% occurrence.[31] Whenever venous pressure at the site of surgery is below atmospheric pressure, a VAE may result. This may well have been the avenue of introduction in our patient.

Paradoxical CAE was ruled out by the absence of a detectable foramen ovale, or by evidence of arterialized air. This case merely exemplifies the recommendations against becoming too complacent with common procedures as mistakes can result in devastating outcomes.

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In the News

During Missouri Academy of Family Physicians' annual meeting **George Comfort, MD,** *Mexico*, was honored for his 25 years of service to the MAFP, **Craig S. Holzem, MD,** *Washington*,was named district four director, **Ron Phillips, MD,** *Kirksville*, was installed as a director, and **Keith Ratcliff, MD,** *Washington*, was installed as an alternative director.

John Oro, MD, *Columbia*, recently began staffing a new clinic, The Chiari Clinic, at Columbia Regional Hospital that specializes in an uncommon brain malformation known as Chiari.

William Thorpe, MD, *Cape Girardeau*, was one of three American orthopedic surgeons to represent the U.S. at the International Musculoskeletal Laser Society's annual meeting held in Austria. He presented his experience comparing radio frequency versus laser technology as applications for treating shoulder instability. He also assisted in training orthopedic surgeons from underprivileged countries.

Robert Weigand, MD, *St. Joseph*, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Heartland Regional Medical Center. Dr. Weigand is among a national network of over 1,800 volunteer Cancer Liaison Physcians who provide leadership and support to the Approvals Program, and other Commission on Cancer activities.

In Memoriam

William Berman, MD, 90, *St. Louis*, died June 9. Before retiring, he practiced obstetrics & gynecology.

Otakar Machek, MD, 81, *Clayton*, died August 27. He practiced physical medicine & rehabilition prior to his retirement.

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16. This Statement of Ownership will be printed in the October 2000 issue of this publication.

Component Society News

The Boone County Medical Society presented a CME program and monthly board meeting on September 5. Fred L. Brown, Director of Field Services for the Missouri State Medical Association, attended both the program and the meeting. Dr. Jennifer Clark, President of the BCMS, presided over the evenings events. Dr. Jerry Kennett, 5th District Councilor for the MSMA gave a report of political strategy from the MSMA including what are the positions on medical matters of our U.S. Senator candidates. Dr. Thomas E. Barnett, Jr., MD, a widely recognized gastroenterologist from Overland Park, KS, presented a program entitled "An Update on Treatment Options for Osteo & Rheumatoid Arthritis." This CME meeting was supported by an educational grant from Searle/Pfizer.

CME Listing

OCTOBER

6 & 7 - *St. Louis:* Third International Spinal Microsurgery Workshop. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

7 - *St. Louis:* New Techniques in Urinary Incontinence and Female Urology. Call Washington University 314-362-6891.

9 thru 11 - *St. Louis:* Laboratory Methods. 24 credit hours. Call 314-747-0294.

12 thru 15 - *St. Louis:* Biology & Pathology of the Extracellular Matrix. Call Washington University 314-362-6891.

16 thru 18 - *St. Louis:* Sellar & Parasellar Pituitary Tumors. 19 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

20 thru 22 - *Columbia:* 23rd Annual Family Practice Update and 25-Year Reunion Department of Family & Community Medicine. 12.5 credit hours. Call MU School of Medicine 573-882-0366.

21 - *St. Louis:* Endoscopic Release of the Carpal Tunnel. 6 credit hours. Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

23 & 24 - *St. Louis:* Syphilis Update. 14 credit hours. Call 314-747-0294.

27 - *St. Louis:* Early Lung Cancer: Path to Cure. Call Washington University 314-362-6891.

27 & 28 - *St. Louis:* 28th Annual Kilo Diabetes Symposium - Current Topics in Diabetes, Endocrinology and Vascular Disease. Call Beverly Cantoni 314-434-6500.

27 & 28 - *St. Louis:* Clinical Management of Client with LBP: Call Sandy Turck, Practical Anatomy and Surgical Technique Workshop 314-535-4000.

28 - *Clayton:* Cardiology for the Internist. Call St. Louis University CME office 314-577-8167 or 800-553-2712.

NOVEMBER

6 thru 14: *St. Louis:* STD Clinician. 44 credit hours. Call 314-747-0294.

10 thru 12: *Kansas City:* MAFP Fall Conference. 11.25 credit hours. Call 816-941-3939.

11 - *Clayton:* Update in Neuro-Psychiatric Disorders. Call St. Louis University CME office 314-577-8167 or 800-553-2712.

16 thru 18 - *St. Louis:* The Vestibular Labyrinth in Health and Disease (OTO). 20 credit hours. Call Washington University 314-362-6891.

17 - *St. Louis:* ASTRO Presentations (Radiation/ Oncology). Call Washington University 314-362-6891.

30 thru December 1: *St. Louis:* Emergency Procedures for ER Physicians. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

DECEMBER

1 & 2 - *St. Louis:* Fingers to Toes: Orthopaedic Review for Primary Care. Call Washington University 314-362-6891.

2 - *St. Louis:* Petrie Memorial Symposium on Maternal-Fetal Medicine. Call St. Louis University CME office 314-577-8167 or 1-800-553-2712.

8 - *St. Louis:* Contemporary Women's Health Issues, 3rd Annual. Call Washington University 314-362-6891.

8 thru 10 - *St. Louis:* Craniofacial Surgery and Transfacial Approaches to the Skull Base for Nurses and OR Personnel. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

2001
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18 thru 20 - *St. Louis:* Microvascular Anastomosis. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

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8 thru 11 - *St. Louis:* Comprehensive Spine - A Hands-on Review. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

9 thru 11 - *St. Louis:* Microsurgical & Endoscopic Approaches to the Degenerative Spine. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

MARCH

3 & 4 - *St. Louis:* Temporal Bone. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

16 & 17 - *St. Louis:* 16th Annual Coagulation Consultants Symposium. Call St. Louis University CME office 314-577-8167 or 800-553-2712.

MAY

5 & 6 - *St. Louis:* Brain Mapping. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

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On the Cover: Brenda Kinney, MSMA's Finance Manager, took this photo in Western Cole County. This photo is named "God's Fall Colors."

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Send to: Becky Jungermann, Managing Editor, *Missouri Medicine,*
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For questions, call 573-636-5151 or E-Mail at bjungermann@msma.org.

Missouri Medicine: A Valuable Asset for MSMA

J. Regan Thomas, MD

J. Regan Thomas, MD
Editor 1992-2000

> *Leaving the journal and all of the MSMA staff that help make it possible is one of the bittersweet tasks that moving to a new opportunity in another state brings.*

It has been a genuine pleasure to serve as Editor for *Missouri Medicine* for the past eight years. I have had the opportunity to see the journal evolve and change while also being privileged to enjoy this monthly featured column as a forum.

We made a number of technical changes to improve the journal including things like type size, added color, and format. More importantly, all articles needed to be original and have a tie to Missouri medical practice specifically. We made a deliberate attempt to represent invited socioeconomic articles of interest to our readers in addition to maintaining scientific articles which where pertinent to Missouri physicians. All scientific articles were required to go through a peer review process.

A few years ago we surveyed the MSMA membership regarding their perceived value of the journal. We were gratified to find that *Missouri Medicine* was indeed highly regarded by the membership and as a group wished to continue the journal as a membership benefit. We have continued to strive on the editorial side to not only make the publication timely, useful and pertinent, but to do so in a fiscally responsible way that made its publication a true value for the organizational dollar. Part of its value includes yearly publication of the MSMA annual meeting proceedings in addition to the annual physician directory issue.

Leaving the journal and all of the MSMA staff that help make it possible is one of the bittersweet tasks that moving to a new opportunity in another state brings. In doing so I want to thank them for all their dedicated help and upbeat enthusiasm which they have always provided. Likewise, I appreciate the support and expertise which the editorial board physicians have provided. Finally, thanks to Debbie Shotwell in my St. Louis office for help and assistance in coordinating journal activities between St. Louis and Jefferson City.

I want to close my tenure as Editor with a comment about the journal itself. The luxury of a monthly state medical journal is a rarity. Most states have now dropped their journals completely, changed to some type of quarterly publication, or combined their efforts with other states in a regional publication. *Missouri Medicine* stands as a tangible symbol of our state medical society and provides an avenue of communication for all our membership. I hope the journal continues to serve you and the MSMA for many years to come. There will continue to be at least one subscriber in Chicago. **MoMed**

Dr. Thomas has accepted the position of Chair of the Department of Otolaryngology-Head and Neck Surgery at the University of Illinois in Chicago.

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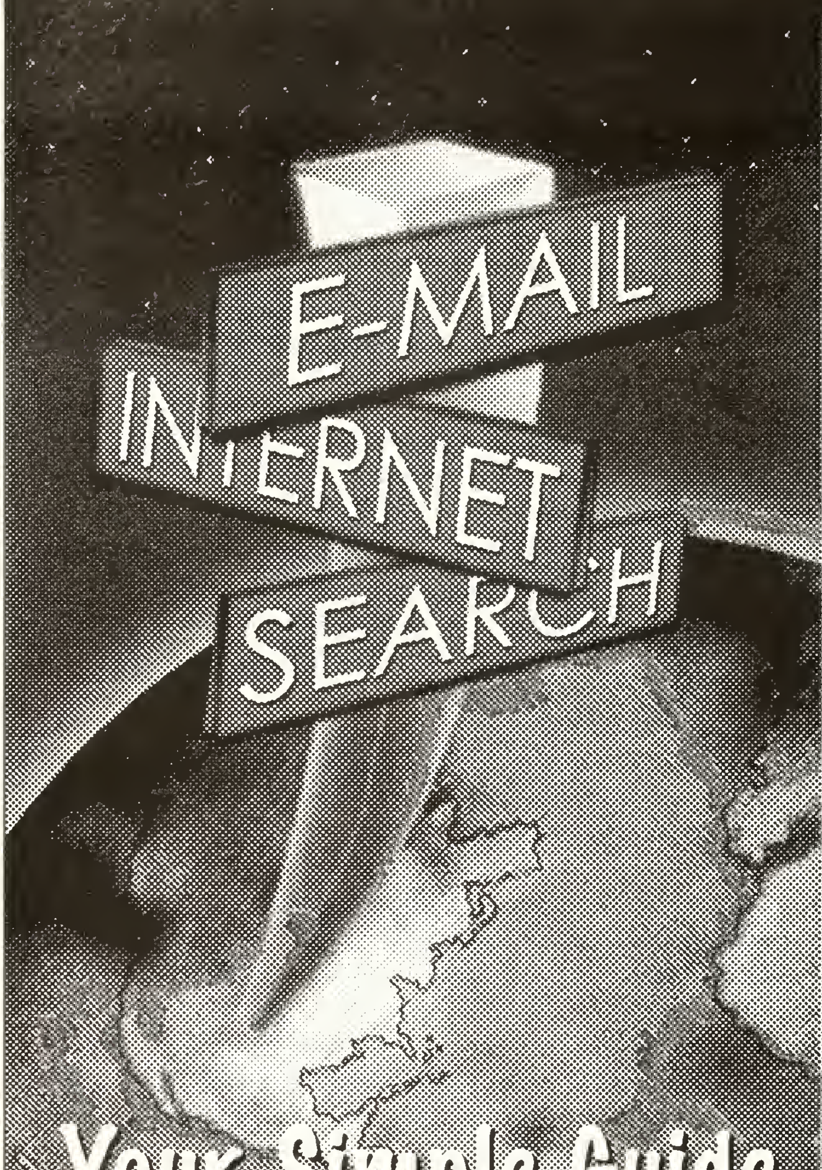
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Correspondence

Dear Gordon Goldman, MD, President
Missouri State Medical Association

I received your letter of August 29 which summarized the recent meetings between the Executive Committees of MSMA and MAFP. As you pointed out, the overriding purpose for this meeting was to improve communications between MAFP and MSMA in ways that were beneficial to both groups. To a large extent this enhanced communication will surround our mutual legislative efforts. Until I talked to Dr. Barbe, I was concerned with your suggestion that he would act as the egislative liaison between MSMA and MAFP. Of course, Dr. Barbe has already been on both egislative committees for some time. However, after talking with Dr. Barbe, I realized that he has a genuine interest and intent to become much more active with the legislative committee at MAFP. We genuinely appreciate his past MSMA/AMA expertise and look forward to active involvement and counsel since these will be crucial to improving egislative communications.

I'm pleased you agree our Executive Committees should meet briefly on a semi-annual basis. Jean Larson, our Executive Director, is already working with Cork on a time for us to meet in April. In the future I do hope that we can work on contract reviews, membership and in establishing a more active key contact system. I would like to emphasize the importance of our lobbyist working ogether with MSMA on key legislative issues. An ncreased interaction between Cork and Tom and Dave Abshear will be mutually beneficial to both parties. Finally, we will try to identify and discuss reas in which we may disagree and do so in a espectful fashion.

Thank you for your excellent and accurate ummary of our recent meeting. I plan to write my ext "President's column" on this topic. Granted, here may be rare issues on which we disagree. But ven in those issues, we will agree to present our osition in a respectful, unbiased and factual nanner.

Establishing the best possible communications etween our organizations is one of my highest riorities. I appreciate the courtesy extended to the MAFP and I look forward to mutual projects and emi-annual meetings.

incerely,
arry A. Rues, MD, President
Missouri Academy of Family Physicians

St. Louis Managed Care Companies Develop Single Formulary Guide

Stephen C. Spurgeon, MD
Chief Medical Officer, UnitedHealthcare

How many formularies or preferred drug lists do you have on your shelf? How frequently does your office receive a call from a pharmacist because a drug you have prescribed is not on the preferred drug list of your patient's health plan? How much time do you estimate that formulary-related issues take away from patient care?

Eight managed care organizations in the St. Louis Metropolitan area have joined together to decrease formulary-related administrative hassles for physicians and their staffs, allowing them to spend more time in patient care. They realized that although each health plan makes its own, independent decisions as to which drugs to include on its formulary, they could nonetheless cooperate in producing one formulary guide for use by area physicians.

The product of their collaboration is a unique new tool - the Universal Formulary Guide - which includes the formularies of the eight health plans and more than 90 percent of the most commonly prescribed medications, grouped by class, on a *single* document. Using the guide, physicians can quickly determine which of the health plans cover a medication. The guide also lists the alternative medications that each plan covers.

The chief medical officers and pharmacy officers of the following health plans are involved in this joint effort: Aetna U.S. Healthcare (also representing Prudential HealthCare), Alliance BlueCross BlueShield, CIGNA HealthCare of St. Louis, GHP, Health Partners of the Midwest, Mercy Health Plans and UnitedHealthcare. The effort is being headed up by the chief medical officers and pharmacy directors of UnitedHealthcare and Health Partners.

The Universal Formulary Guide will be updated twice a year. The edition printed each December will reflect the changes that will take effect at the start of the subsequent year.

If you have not yet received your copy and would like one, please contact Susan Maddux, Pharm.D. at 314-592-7531.

How to Use your MSMA Membership

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MSMA members receive *Missouri Medicine*, the monthly journal that informs you of the latest medical, socioeconomic, and technological developments. *Progress Notes* alerts members monthly to current trends in medicine that affect your profession and practice. During the legislative session you receive the *Legislative Report*, a weekly review of activities from the Missouri Capitol. Contact Barbara Crader for address changes; Becky Jungermann for contributor information to *Missouri Medicine.*

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Created in 1960, the Missouri State Medical Foundation has loaned more than $5,000,000 to Missouri medical students. All borrowers must be Missouri residents and have completed one year of medical school. Contact Patrick Mills for more information.

MSMA's World Wide Web Site: www.msma.org

The MSMA World Wide Web site features information on legislative, scientific, and socioeconomic issues that is password-protected for members only. Through an agreement with Sockets, Inc., an Internet Service Provider in Columbia, Mo., MSMA offers to members favorable rates for unlimited Internet access. Contact Becky Jungermann for more information.

Educational Pamphlets

The Missouri State Medical Association has a variety of public health and educational pamphlets for physicians and their patients. Some are free and, for those that are purchased, there is a discount for MSMA members. Contact Lizabeth Fleenor for more information.

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- Craig Van Matre, Columbia, Tel: 573-874-7777
- Bill Mauck, Springfield, Tel: 417-883-7411
- David Patzman, Kansas City, Tel: 816-691-2731

The above attorneys have significant experience in physician employment contracts and offer fair prices. Although they have been recommended by the MSMA, please note that the Association is not responsible for any advice rendered or acted upon.

Don't Blame Me . . . I Didn't Vote for Him/Her!!!

Gordon M. Goldman, MD

How many times have you or have you heard this statement? The truth is, those who complain the most are probably those who do the least to direct their own destiny. In this election month, I feel it is most fitting to talk about what we can do to alter the course of our personal as well as our professional lives.

One very important thing we can do is to make sure each of us votes. Not only each of us, but we must encourage each member of our family, likewise. Of course, we would like them to vote as we think they should, but irrespective of that, they need to be encouraged to vote. While it is probably not wise to discuss politics in the office, we should encourage each member of our office staff and each of our patients to vote, also. We must again be very careful not to discuss any specifics of politics, but we should certainly emphasize that if patients wish to have a say in what their medical care will be like, this is their opportunity.

The statistics regarding the percentages of eligible voters who actually cast ballots in this country is appallingly abysmal. And those who need help from government the most, are frequently the most likely not to vote. But the problem is not only in those who need help. It is among some of the best educated and most affluent of our society as well. Yes, even among our colleagues. How often have you heard "why bother, it doesn't matter who gets in, we're 'screwed' either way"? I would respectfully submit however, the reason we are getting 'screwed' is largely our own fault. Aside from not voting, many of us are apathetic. Oh, not without good reason, but apathy never made anything any better.

And it is no different when it comes to politics within the "house of medicine." As we begin the membership retention and recruitment activities for 2001, let us think of these things. If we just sit back and apathetically criticize the poor decisions of others, we perpetuate the problems. Instead, we must be proactive and make changes from within. But we must be willing to invest the time to doing this. Just as any other investment, if you don't take the time to understand the potential for gain or loss, you will make very poor decisions. Encourage your colleagues to invest in membership in your local and state political representation. Encourage not only membership, but active participation. If they want change, they must make it happen!!! If you don't register to vote, you lose your opportunity to make change. If you don't join organized medicine, you lose your opportunity to determine your professional destiny.

So, I suggest we pass this message on to all of our families, colleagues, staff and patients.

Vote as you see fit, but vote!!! MoMed

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Leaders Among Alliance SAVE Today

Eileen Chalk, President

At last! A name with a face! My privilege as president to visit county alliances provides the pleasure of meeting so many of you leaders who are truly changing your communities in a very tangible way!

I have talked with you, I've heard of you, and now, I have actually met some of you and believe me, the Alliance is overflowing with leaders and caring physicians spouses!

Some leaders you might want to hear about are those at the Buchanan County Medical Society Alliance. They celebrated SAVE Day on October 11, 2000 in a big way! What they had planned for 1000+ fourth graders and me has touched my heart forever.

Through a grant made available by the AMA Foundation, the AMA Alliance printed 50,000 "I Can Stop Violence By" puzzles. Alliances across the country went through an application process to obtain the puzzles. The puzzles when finished provided a space for children grades 3-5 to write or draw their solution to violence. On the reverse side of the puzzle, the students found statistics like—one in four children who are bullies will have a criminal record by the time they turn 30.

The children in these classrooms were so eager to participate. They cited many ways violence affects our lives. For each of those suggestions, they had a solution. AMA Alliance President, Susan Paddack recently asked grade school children in her hometown of Ada, Ok., how they could stop violence. One young man remarked how he never realized he could stop violence. He thought only the police and the army could stop violence. Imagine what we could do if all children realized they are part of the solution.

Among the other county visits that should be shared, are those to the counties of Boone, Butler-Wayne-Ripley-Carter, Franklin-Gasconade-Warren, Greene, Metropolitan Medical Society of Kansas City, and a meeting held jointly in the lovely town of Hartsburg. Each of these county Alliances has projects unique to their communities. Some projects are requiring very little manpower, where others require large capital campaigns. Missouri Alliances are truly promoting the health of our nation.

In addition to county visits, the AMA Alliance provides twice annually, a leadership Confluence. This three-day meeting is designed to enhance leadership skills such as running effective meetings, communicating effectively, parliamentary procedure, and so on. It also informs county leaders about issues such as school and media violence and Internet safety, to name a few. This past October, Missouri was allowed to send four county Alliance president-elects to this meeting. They all felt they had learned much and were looking forward to sharing the information with their counties. These leadership skills can be applied to other areas of their lives.

I look forward to my future visits to our Alliances and will continue to be in awe of the many leaders and projects taking place in your counties. Keep up the great work! MoMed

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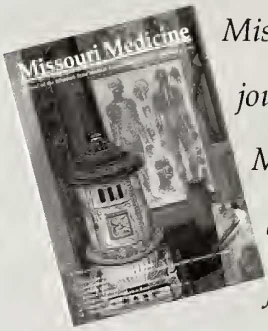

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E-Mail Communications with Patients

Stuart J. Vogelsmeier, JD

ABSTRACT

Technological advances have opened the door for the use of e-mail as a viable alternative for communications between physicians and patients. The purpose of this article is to offer recommendations to physicians who are considering communicating with patients via e-mail.

◆ ◆ ◆

Traditionally, physicians and patients have communicated either verbally or in writing. Technological advances have opened the door for the use of electronic mail (e-mail) as a viable alternative for communications between physicians and patients. Many patients are using e-mail in their business and personal lives and are asking their physicians if they can communicate via e-mail.

Recent surveys indicate that a significant majority of patients felt that e-mail would be a useful way to communicate with their physicians. Patients cited convenience, speed, ease in managing simple problems, improved documentation and avoidance of "waiting by the phone" as reasons to communicate via e-mail. E-mail may also help prevent "telephone tag" between physicians and patients. While telephone messages are often overlooked or lost, e-mail messages are more permanent and less likely to get misplaced. Unlike telephone conversations, e-mail is self-documenting. An e-mail message can merely be printed and become part of the patient's "paper record" or stored with the patient's electronic record.

In order to ease concerns of both physicians and patients about using e-mail, physician practices should address a variety of practical and medicolegal issues prior to commencing e-mail communications with patients. Great care should be taken to make sure that patients and physicians are "on the same page" about how e-mail will be used in the patient's care.

Recently, the American Medical Association House of Delegates adopted a resolution which called on the AMA to develop guidelines to aid physicians in the appropriate use of e-mail in the delivery of health care.[1] The purpose of the proposed guidelines is to educate physicians on the pros and cons of using e-mail as well as to educate patients on when and how e-mail should be used in their care.

Providers are all different and they have different issues to consider before they begin to communicate with patients via e-mail. Therefore, there is no "one size fits all" set of guidelines that every practice can merely adopt and put into place. However, the purpose of this article is to offer recommendations that can be adapted to individual practices as providers consider venturing into e-mail communications with patients.

Consent: At a minimum, the physician and patient should discuss the use of e-mail and the discussion should be documented in the medical record. The more conservative approach would be to ask the patient to sign a written agreement authorizing the use of e-mail between the physician and the patient.

Turnaround Time: Physicians need to establish a turnaround time for patient initiated messages. Patients should be aware of what sort of response time they should expect. As the use of e-mail becomes more prevalent, messages may need to be checked and sorted by priority several times a day.

Privacy: Patients should be aware of who will view the message beside the physician. Also, the patient should be aware that the message will be included as part of the patient's medical record.

Permissible Content: The physician should establish the topics that may be appropriate for e-mail (e.g., prescription refills, medical advice, scheduling appointments, test results, release of records, etc.). Also, some providers may forbid e-mail discussion of certain topics (e.g., HIV, mental health, etc.). Perhaps most important is that patients should be informed that they should not use e-mail for urgent messages.

Subject of Message: Patients should be instructed to identify the category of the message in the subject line of the message (i.e., prescription, lab test, billing, etc.). Also, patients should be requested to put their name and patient identification number in the body of the message.

Automatic Reply: The physician's e-mail software should be configured to send automatic replies to all incoming messages.

Archiving: E-mail messages are a form of progress notes. If a provider still keeps a patient's record in paper form, each e-mail message and reply should be printed and placed in the patient's record.

Completion of Request: Providers should inform patients by e-mail when they have completed the patient's request.

Acknowledgement of Messages: Patients should be requested to use an autoreply feature to acknowledge reading the provider's message.

Escalation: Each provider initiated message should include a footer that invites patients to place a phone call or request an office visit if they feel that e-mail is insufficient.

Group Mailings: If a provider needs to notify the patient population about a particular subject of general interest (e.g., change of address) when group addressing, no patient should be able to see another patient's name. Even the fact that a provider sees a particular patient is confidential information.

Indemnity: The provider should consider requesting the patient to limit the provider's liability for information that is lost due to technical problems beyond the provider's control such as power outages and overloads at the Internet Service Provider level.

Encryption: Patients who do not want or are unable to obtain the program for processing encrypted messages should be asked to opt out of the use of encryption.

Workstation Screen: Open e-mail should never be left on the provider's computer screen, especially if the computer is in the same room as other patients.

Forwarding: Providers should never forward a patient's e-mail message or patient-identifiable information without the express permission of the patient.

Mailing Lists: Providers should never use a patient's e-mail address for marketing activities or supply these addresses to third parties.

Offsite Processing of Patient E-mail: If a provider is answering a patient's e-mail from outside the office, special precautions should be taken to prevent other users (e.g., family members on a home computer) from intercepting e-mails from patients.

Prior to implementing e-mail with patients, providers may choose to survey both staff and patients about any additional considerations. All policies that are adopted should be available to all employees and on the provider's website. If proper planning is done, e-mail should enhance the physician-patient relationship. **MoMed**

Stuart Vogelsmeier is a partner in the St. Louis law firm of Lashly & Baer, P.C. Mr. Vogelsmeier regularly counsels providers on electronic and information systems issues, as well as on Fraud and Abuse, Stark and compliance issues.

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1. American Medical Association House of Delegates Resolution 810 (A-99), "Guidelines for Patient-Physician Electronic Mail," June 13, 2000.

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Missouri: 29th in Nation for Quality Health Care

Results of a national study of fee-for-service Medicare

Melody Kroll, MA, Health Writer/Editor

In a first-of-its-kind study, Health Care Financing Administration (HCFA) researchers have provided a "snapshot" of quality of care in fee-for-service (FFS) Medicare in all 50 states and 3 U.S. territories. In the study of 24 'process of care' indicators, Missouri ranked 29th — below the 50th percentile for quality of care. The study confirms that room for improvement exists in the delivery of health care to Missouri's Medicare beneficiaries.

"Although Missouri's baseline data is not new information for quality improvement professionals, the state rankings and the national medians mark the first time that we know how we stand nationally and against other states/territories," according to Carl Bynum, D.O., MPH, Health Care Quality Improvement Director for the Missouri PRO.

The study appeared as a feature article titled "The Quality of Medical Care Delivered to Medicare Beneficiaries – A Profile at State and National Levels" in the October 2000 issue of *The Journal of the American Medical Association.*[1] The lead investigator for the study was Stephen Jencks, MD, MPH, Director of Quality Improvement Group in HCFA's Office of Clinical Standards and Quality. The study collected and reviewed data on 'process of care' indicators related to six medical conditions: acute myocardial infarction (AMI), diabetes, breast cancer, heart failure, stroke and pneumonia. "We chose these six conditions because there is very good science that supports specific treatment therapies, and these illnesses are fairly widespread throughout the country," according to Dr. Jencks in a Reuter's interview. Taken together, these six diseases pose the greatest risk to older adults' lives and health.

The study's unique approach was to focus on processes of care critical to outcomes rather than on the outcomes themselves. According to the article, five reasons drove this choice: "(1) in comparison to outcomes of care, there is more consensus on appropriate processes of care and the target rates (nearly 100 percent); (2) measuring processes of care generally does not require the risk adjustment that has been so controversial in comparisons of outcomes; (3) it is easier for providers, practitioners and plans to identify and fix the reasons why critical processes of care were not carried out than to determine why outcomes are not optimal; (4) many important outcomes take years; and (5) significant, achievable improvements in outcomes are much smaller in relative terms than improvement in processes, unreaslistic sample sizes are necessary to measure significant improvement in outcomes."[1]

The study found levels of performance on these process of care indicators show significant discrepancy between the ideal target rates and the actual provision of these quality indicators (Table 1). Across indicators, Missouri performed the best on annual administration of the influenza immunization in outpatient settings (Missouri ranked 8th in the nation). Missouri performed particularly low on indicators for AMI. Of eligible AMI patients, nearly one in four did not receive aspirin early in the treatment course (Missouri ranked 49th), while 22% were not prescribed aspirin at discharge (Missouri ranked 46th).

"Data and experience from a prior study, the Cooperative Cardiovascular Project, support [AMI] findings," according to Dr. Bynum. The Cooperative Cardiovascular Project conducted by the Missouri PRO with 89 Missouri acute care hospitals found 39% of AMI patients admitted between April 1, 1994 and July 31, 1995 were not given aspirin until the 2nd or 3rd day of admission, while 20% did not receive aspirin at discharge.[2] When the same hospitals were re-measured in 1997, the timing of administration of aspirin did not improve (in fact, rates decreased slightly), however, aspirin at discharge did increase significantly from 80% to 87%.

Table 1. Missouri's Performance on Medicare Process of Care Indicators Compared to National Levels

Clinical Topic	Process of Care Indicators	Missouri Baseline‡ %	National Median %	National High %	National Low %
AMI	1. Early administration of aspirin	**76**	84	97	65
	2. Aspirin prescribed at discharge	**78**	85	96	60
	3. Early administration of beta blockers	**59**	64	80	33
	4. Smoking cessation during hospitalization	72	72	70	19
	5. Beta blocker at discharge	**74**	71	93	47
	6. ACEI at discharge for LVEF	**38**	40	90	57
	7. Time to thrombolytic therapy, min	*27*min	40min	21min	66min
	8. Time to angioplasty, min	192min	120min	72min	559min
Heart Failure	9. Evaluation of left ventricular ejection fraction	**66**	65	78	34
	10. ACE inhibitor prescribed at discharge for patients w/LVEF	58	69	91	51
Stroke	11. Warfarin prescribed for patients with atrial fibrillation	52	55	65	30
	12. Antithrombotic prescribed at discharge for pts w/acute stroke or TIA	84	83	90	72
	13. Avoidance of sublingual nifedipine for pts w/acute stroke	92	95	100	86
Pneumonia (inpatient)	14. Antibiotic w/in 8 h of arrival at hospital	84	85	93	38
	15. Antibiotic consistent with current recommendations	81	79	87	54
	16. Blood culture drawn (if done) before antibiotic given	77	82	93	65
	17. Pt screened for or given influenza vaccine	16	14	39	5
	18. Pt screened for or given pneumococcal vaccine	*15*	11	26	4
Pneumonia (outpatient)	19. Influenza vaccination every year †	*70*	66	74	42
	20. Pneumococcal immunization at least once ever †	44	46	59	32
Breast Cancer	21. Mammogram at least every 2 y	54	56	66	46
Diabetes	22. Hemoglobin A_{1c} at least every year	75	71	85	41
	23. Eye examination at least every 2 y	69	69	80	54
	24. Lipid profile at least every 2 y	59	57	73	39

Data reproduced from Jencks SF. Quality of Medical Care Delivered to Medicare Beneficiaries: A Profile of State and National Levels. *JAMA* 2000;284(13):1670-1674.

‡Values indicate performance on each quality indicator as the percentage of patients receiving appropriate care except for times to angioplasty and to thrombolytic therapy, which are reported in minutes. Typeface: italic, 1-30 cases; regular 31-100 cases; bold 101-300 cases

† Estimates based on 1997 Behavioral Risk Factor Surveillance System public use file.

The authors do not address reasons for the underuse of these services. Major contraindications in which the service would not be delivered to the patient are included in the calculations. However, since part of the data is based on medical record abstraction, lack of documentation may account for a portion of the rate. As many would assert, just because it is not written down in the chart does not mean the care was not provided. This may in fact be the case. However, according to Dr. Bynum, "it opens the door to another kind of concern. Accurate medical records are extremely important in making sure patients receive the correct care. Generally, we have found reasons for use or non-use of these services varies from hospital to hospital and from physician to physician. Our approach has been to provide several resources to hospitals and physicians for them to tailor to their own practices."

Overall, the article underscores a definite opportunity for improving the health care of Medicare beneficiaries. The Missouri PRO has begun implementation of National Medicare Quality Improvement Projects focused on the same six disease areas and improving Missouri's performance on the indicators. "The National Medicare Quality Improvement Projects represent the first concerted and organized effort to improve quality of care nationwide through statewide and local efforts," according to Dr. Bynum.

The use of state Peer Review Organizations (PROs) to help promote quality improvement projects and ensure that beneficiaries throughout the country reap the same benefits is well supported. According to a report released by the American Health Quality Association, projects carried out in conjunction with PROs have stimulated improvements in care for 16 million beneficiaries.[3] It also reports that PRO interventions had a positive impact on more than 95% of the clinical indicators examined in the *JAMA* article.

In 2001, HCFA will do a national re-measurement to monitor the levels of these indicators. The Missouri PRO is working with hospitals, health plans, physicians, and outpatient clinics to help ensure improvement. To find out more about local projects, contact Dr. Carl Bynum at 1-800-735-6776. **MoMed**

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MO-00-42-HCQIP
This material was prepared by the Missouri Patient Care Review Foundation under contract with the Health Care Financing Administration (HCFA). The contents presented do not necessarily reflect HCFA policy.

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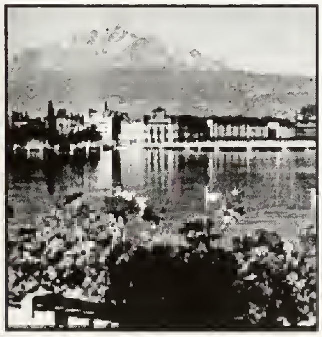

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Operative Experiences with Thoracoabdominal Aortic Aneurysms

Duncan Killen, MD; Michael Gorton, MD; William Reed, MD; Suchint Wathancharoen, MD; Jeffrey Piehler, MD; A. Michael Borkon, MD; Gregory Muehlebach, MD

ABSTRACT

During a 27-year period, resection of 690 aneurysms of the descending thoracic and/or abdominal aorta were performed. Thirty (4.3%) were thoracoabdominal aneurysms. Although the series of thoracoabdominal aneurysms is small, there was continued improvement in protection of the abdominal viscera and spinal cord from ischemic injury. Operative survivors experienced good late (68% at 5 yrs.) survival. Each of the last 12 pts. in the series survived the operation and 9 are still alive. The surgical results justify a more aggressive stance regarding resection of the thoracoabdominal aneurysms.

INTRODUCTION

Thoracoabdominal aneurysm is one of the variants of aortic aneurysms least amenable to surgical therapy because of the necessary violation of both major body cavities and the prevalence of certain associated morbid complications, especially that of spinal cord ischemia. Fortunately, thoracoabdominal aortic aneurysms are less frequent than aneurysms localized to either the thoracic or the abdominal segments of the aorta. Large experiences with resection of thoracoabdominal aneurysms have been reported from only a relatively small number of medical centers and evolution of a standardized thoracoabdominal aortic aneurysmectomy technique which permits avoidance of these major complications has not occurred. This report summarizes our limited experience with resection of aneurysms of the thoracoabdominal aorta.

MATERIALS AND METHODS

The records of all patients who underwent resection of an aortic aneurysm at the MidAmerican Heart Institute, Saint Luke's Hospital during a 27-year period ending December 31, 1997 were reviewed. Those aneurysms, the resection of which required complete division of the left diaphragmatic leaf and crus for exposure, proximal cross-clamping of the thoracic aorta and distal cross-clamping of the abdominal aorta or iliac arteries, were defined as thoracoabdominal aneurysms. Patient age and sex, history of previous aortic aneurysmectomy, intraoperative prophylactic protective measures (against ischemic injury of abdominal viscera and spinal cord) utilized, aortic pathologic findings, postoperative complications, operative mortality and long-term survival were noted and recorded. Each aneurysm was classified according to a scheme similar to that of Crawford et al.[1] Aneurysms which required cross-clamping of the aorta immediately proximal or distal to the origin of the left subclavian artery were classified as type I when the distal aortic clamp was placed cephalad to the origins of the renal arteries and type II when the distal clamp was placed caudad to the origin of both renal arteries. The aneurysm was classified as type III if the proximal aortic clamp was placed at the T-4 to T-11 vertebral level, and IV if the proximal aortic clamp was applied at the T-12 vertebral level. Renal failure was defined as a postoperative creatinine > 5 mgm% and/or the need for dialysis. Continued ventilatory support > 48 hrs., or the need to reinstitute ventilatory support, was designed respiratory insufficiency. Any hospital death or any post-discharge death within 30 days of operation was tabulated as an operative death.

In most cases intraoperative extracorporeal bypass of the thoracoabdominal aorta was performed with hemodynamic goals of a bypass flow of approximately 1.5 L/min/m^2 body surface area, equal proximal and distal mean arterial pressures $\geq$70 mm Hg, and maintenance of body temperature at

35-37°C. A centrifugal pump (Biomedicus), with or without low grade heparinization (100 IU/Kg body weight, intravenous bolus), was utilized since 1986. Direct renal artery infusion of 500 - 600 ml of 4°C "balanced" saline solution per kidney was performed when delayed renal artery reimplantation was anticipated. In some patients, preoperative placement of a lumbar subarachnoid space catheter was performed and gravity drainage of the cerebrospinal fluid (CSF) was continued intraoperatively and for the first 1 or 2 postoperative days. Also, continuous intravenous infusion of naloxone (1μ/Kg/hr) was performed intraoperatively and for the first 1 or 2 postoperative days in certain patients. Cerebrospinal fluid drainage was routinely utilized during the last 10 years of the study, except when the patient was hemodynamically unstable, chronically anticoagulated or catheter placement was not possible because of interspinous ligament calcification. Naloxone infusion was routinely used during the last 8 years. Although the number of patients in this series is small, attempts were made to analyze the relationship of age, aortic pathology, operative technique, and temporal position in the series to the occurrence of distal organ ischemic injury and operative death. Categorical differences between subsets were tested by the X^2 method.[2]

RESULTS

During the 27-year period, a total of 690 resections of descending, thoracoabdominal or abdominal aortic aneurysms (with or without associated aortic dissection) were performed. Thirty (4.3%) of these patients, the first operated upon in 1977, underwent resection of a thoracoabdominal aneurysm. Nineteen patients were male and 11 were female. The ages ranged from 17 to 82 yrs. with a mean age of 68.3 yrs.; 16 patients were ≥ 70 yrs. and 3 were ≥ 80 yrs. of age. The youngest patient in the series had Marfan's syndrome. There was a history of 12 previous aortic aneurysmectomies (abdominal - 6, descending thoracic - 4, ascending thoracic - 2) in 10 patients.

The thoracoabdominal aneurysm was a false aneurysm in 2 instances and was associated with a chronic aortic dissection in 3 other instances. Distal circulatory support during the period of aortic occlusion was utilized in 26 of the 30 patients (femoral vein to femoral artery - 1, proximal aorta to femoral or iliac artery - 17 and left atrium to femoral artery - 8). The proximal aortic clamp was placed in juxtaposition (proximal - 3, and distal - 7) to the origin of the left subclavian artery in 10 patients (type I aneurysm in 8 patients and type II aneurysm in 2 patients). Sixteen patients had type III aneurysms and 4 patients had type IV aneurysms. Reimplantation of an island, tongue or cuff or aortic wall which included the origins of one or more abdominal visceral arteries (celiac, superior mesenteric, and/or rental arteries) was performed in each patient. Additional "buttons" of aortic wall, which included the orifices of pairs of intercostal arteries, were implanted in 9 patients. In an attempt to protect the spinal cord from ischemic injury, intraoperative and postoperative continuous gravity drainage of CSF from the lumbar subarachnoid space was performed in 11 patients and continuous intraoperative and postoperative intravenous infusion of naloxone was performed in 9 patients. Renal artery infusion of cold saline was performed in 10 patients.

Three patients with ruptured aneurysms were unstable and underwent emergency operation. The only intraoperative death was in 1 of these patients who suffered an intraoperative cardiac arrest. A bleeding diathesis was a frequent intraoperative complication managed by administration of clotting factors and antithrombolytic agents as well as continued surgical efforts to effect hemostasis. Two patients required exploratory thoracotomy for continued bleeding within the first 24 hrs. postoperative. Another patient, a 52-year-old female who had undergone an uneventful resection of a type IV (acute mycotic) aneurysm which arose as a complication of acute bacterial endocarditis, experienced sudden exsanguinating upper gastrointestinal bleeding and succumbed during emergency exploratory operation on the sixth postoperative day. Postmortem examination revealed an acute (? mycotic) aortoesophageal fistula 8 cm. cephalad to the proximal aortic suture line.

One patient with an intact aneurysm was resuscitated from an intraoperative cardiac arrest but suffered severe ischemic encephalopathy which progressed to "brain death" on the fourth postoperative day. Of 28 patients evaluated for spinal cord injury on recovery from anesthesia, 2 (79 yr. F & 82 yr. M) patients were paraplegic, exhibited progressive renal failure and respiratory insuffi-ciency. Both remained paraplegic; 1 died of sepsis on the sixth postoperative day, the other expired on the 21st postoperative day following elective with-drawal of dialysis and ventilatory support. Three other patients manifested paraparesis (unilateral - 1; bilateral - 2) immediately postoperatively and each had progressive improvement in leg strength and were ultimately able to walk with a cane or walker (table 1). (Nuances of the microanatomy of the anterior spinal cord artery tree resulting in subtle heterogeneous perfusion, may account for the asymmetric pattern of spinal cord injury.) There were 3 additional patients who had no evidence of spinal cord ischemic injury on initial postoperative evaluation but later developed a neurologic deficit. One patient with a type I aneurysm developed paraplegia 15 hours postoperatively and, in spite of intravenous administration of volume and inotropes to elevate the systemic blood pressure and high dose intravenous steroids, remained paraplegic until his death 3 years, 10 months postoperatively. Another patient with a type I aneurysm developed left leg paresis 36 hours postoperatively but exhibited prompt improvement following reinstitution of CSF drainage and intravenous naloxone. She has residual mild weakness of 1 leg but walks with only a slight limp. The third patient who had a type III aneurysm associated with chronic aortic dissection developed unilateral leg paresis 42 hours postoperatively but had complete recovery over a 3-day period following reinstitution of CSF drainage and naloxone infusion. A summary of the occurrences and outcomes of spinal cord ischemic injury is given in table 1.

Of the 28 patients awakening from anesthesia, 4 of 17 (22%) patients who underwent operation without CSF drainage and 1 of 11 (9.1%) patients with intraoperative CSF drainage manifested immediate evidence of paraplegia or paraparesis. One patient who had no CSF drainage, developed late onset paraplegia which was permanent, and 2 patients developed leg paresis following discontinuation of CSF drainage and naloxone infusion, but both manifested prompt improvement (1 complete recovery) after reinstitution of these modalities. There was no correlation between the overall incidence of spinal cord ischemic injury and aneurysm type, use of extracorporeal bypass, reimplantation of intercostal arteries, or age of the patient. Two patients with a prolonged critical course exhibited evidence of progressive ischemic encephalopathy prior to death.

Table 1. **Postoperative Spinal Cord Ischemia**

Pt*	Age	Aneurysm	Course of Postoperative Neurologic Deficit			
No	& Sex	Type	Immediate	Late Onset	Treatment	Final Status
1	62F	III	Uilat Leg Paresis	-	None	Residual Paresis (2 yr.)
3	82M	III	Paraplegia	-	None	Paraplegia (POD#6) §
4	59M	III	Paraparesis	-	None	Walks with Cane (13 2/3 yr.)
15	75F	I**	Paraparesis	-	None	Walks with Walker (2 yr. 11 mths.)
17	59M	I	Normal	Paraplegia (15 hrs.)^	↑ BP&C.O.; Steroids	Paraplegia (3 yr. 10 mths.)
18	79F	III	Paraplegia	-	↑ BP&C.O.	Paraplegia (POD#21)§
26	78M	I	Normal	Unilat Leg Paresis (36 hrs.)^	CSF Drainage & naloxone	Slight Limp (4 1/3 yr.)
27	68F	III**	Normal	Unilat Leg Paresis (42 hrs.)^	CSF Drainage & naloxone	Normal (7 mths.)

* patient number signifies position of patient in series
** associated chronic aortic dissection
^ postoperative time of onset
§ date of early postoperative death

Seven patients manifest renal failure in the postoperative period, 5 of these requiring dialysis. Renal failure could not be correlated with extent of the aneurysm, utilization of extracorporeal bypass or utilization of renal artery infusions of cold saline. There was a significantly higher (p=0.003) incidence of renal failure (7/16) in patients > 70 yrs. of age versus (0/14) patients < 70 yrs. of age. One patient, a 73-year-old male with a type II aneurysm, suffered ischemic liver injury as evidenced by a temporarily elevated bilirubin (peak total bilirubin of 16 mg%). There were 3 instances of respiratory insufficiency and three superficial wound infections. The significant postoperative complications are listed in table 2.

Table 2. **Perioperative Complications**

Complication	Patients	Cause of Death
Hemorrhage	4	2
Spinal Cord Injury	8*	0
Ischemic Encephalopathy	3	1
Renal Failure	7*	0
Respiratory Insufficiency	3*	1
Wound Infection	3	0
Cerebrovascular Accident	1	0
Sepsis	2	2*
Urinary Tract Infection	1	0
Recurrent Nerve Palsy	1	0
Bronchitis	1	0
Unexpected Sudden Death	2	2

* associated with multisystem organ failure and death in 2 patients but proximate cause of death was sepsis

The causes of hospital deaths were intraoperative hemorrhage (2 pts.), ischemic encephalopathy (1 pt.), respiratory insufficiency (1 pt. who was withdrawn from the ventilator) and sepsis associated with multisystem organ failure (2 pts.). Two additional patients were ostensibly recovering satisfactorily when they experienced unexpected sudden death on the fourth and 12th postoperative days. No autopsy was conducted and in each case the cause of death is uncertain (arrythmia?). There were 3 operative deaths among the 4 unstable patients (3 ruptured and 1 acute mycotic false aneurysm). The mortality was 5/26 (19.2%) in the stable patients. Fifteen of the last 16 patients and each of the last 12 patients in the series have survived. The operative mortality was high, but a number of patients were in high risk categories. Although the overall early mortality was 26.7%, by the life table method 95.4%, 68.1% & 43.3% of the 22 operative survivors were alive at 1 yr., 5 yr., and 10 yr. respectively. The causes of late deaths were renal failure (3 pts.), ruptured aortic (ascending, transverse or abdominal) aneurysm (3 pts.), AMI (1 pt.), CHF (1 pt.), CVA (1 pt.), malignancy (1 pt.) duodenal ulcer disease (1 pt.) & sepsis (1 pt.). Nine of the last 12 patients are currently (all > 2yrs. & 4 > 5 yrs.) alive.

DISCUSSION

The hazards of untreated thoracoabdominal aneurysms are similar to those involving either the thoracic or abdominal aorta. Resection and reconstruction of the thoracoabdominal aorta lends themselves to a brief "cut-and-sew" technique in the hands of only a few surgeons.[1] However, over the last 3 decades there has been gradual improvement of the overall results achievable by surgical intervention.[1,3,4,5] The prevention of paraplegia resulting from spinal cord ischemia has remained a significant problem. The need to protect the spinal cord and abdominal viscera from ischemic injury during resection of thoracoabdominal aneurysms has been addressed variously: maintenance of retrograde perfusion of the distal aorta in the hope of avoiding ischemic injury of the spinal cord and abdominal viscera is now frequently utilized.[3,4,5,6,7]

While there may be other mechanisms of spinal cord ischemia during resection of a thoracoabdominal aortic aneurysm, the relationship of regional intra-operative spinal cord perfusion pressure to the occurrence of ischemia has been well documented in experimental studies and clincial studies.[8,9,4,5] It appears that it is necessary to maintain a mean spinal cord perfusion pressure greater than 35 mmHg to prevent ischemic spinal cord injury in animals.[10,11] Attempts to maintain an adequate spinal cord perfusion pressure include maintenance of high aortic pressure both proximally and distally during reconstruction of the aorta, sequential segmental resection of the aneurysm with implantation of intercostal and/or lumbar arteries, augmentation of cardiac output and decompression of the subarachnoid space to increase the net or "effective" perfusion pressures of the spinal cord. Experimentally, a topically applied vasodilator (papaverine) has also been shown to increase collateral blood flow to the spinal cord during aortic occlusion.[7] Metabolic modalities of protecting the spinal cord have also been utilized including regional or systemic hypothermia and the administration of certain drugs which may preserve the viability of ischemic neurons.

In the presently reported series, attempts to avoid spinal cord and abdominal visceral ischemia have evolved to include maintenance of high flow extracorporeal bypass, proximal and distal high pressure perfusion of the aorta, sequential segmental resection with intercostal artery revascularization, continuous intraoperative and postoperative CSF drainage and intravenous infusion of naloxone. Our experience is small and its accumulation extended over a long period of time; however, the results obtained document progress in treating thoracoabdominal aneurysms. In the last 12 cases, there have been no deaths and only one mild neurologic deficit; 9 of these patients are currently alive. MoMed

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In the News

The American Academy of Family Physicians (AAFP) recently honored the following physicians for their membership: **Patrick Harr, MD**, *Kansas City* - 25 years; **Rebecca Lueckenhoff, MD**, *Jefferson City* - 15 years; **Thomas Robbins, MD**, *Jefferson City* - 15 years; and **George Workman, MD**, *Hermann* - 45 years. **Michael Steenbergen, MD**, *Jefferson City*, recently completed CME requirements to retain active membership in the AAFP.

Michael Clarke, MD, *Springfield*, has been appointed as Deputy Editor of the *Journal of the Southern Orthopaedic Association*. In this capacity he will assist with the editing of a major monthly orthopaedic journal which is circulated to several thousand orthopaedic surgeons primarily in North America and throughout the world.

Louis Dehner, MD, *St. Louis*, professor of pathology and of pediatrics at Washington University School of Medicine, has been awarded a one-year $8,241 grant from the American College of Surgeons for "American College of Surgeons Oncology Trials GRP/CHAIR of Pathology Committee."

Marc Hammerman, MD, *St. Louis*, the Chromalloy Professor of Renal Disease in Medicine and associate professor of cell biology and physiology at Washington University School of Medicine, has received a five-year $1,835,760 grant from the National Institute of Diabetes and Digestive and Kidney Diseases for a study titled "Renal Disease."

Gregory Ivins, MD, *Fulton*, is the author of an article entitled "Meralgia Paresthetica: The Elusive Diagnosis," published in the August volume of The Annals of Surgery - the official publication of the American Surgical Association.

Michael Perry, MD, *Columbia*, was recently awarded the 2000 Distinguished Southern Oncologist Award from the Southern Association of Oncology.

In Memoriam

John L. Horner, MD, 88, *Chesterfield,* died September 17. Prior to his retirement, he practiced internal medicine.

Franklin M. Waterman, MD, 82, *Liberty,* died August 28. He practiced family medicine prior to his retirement.

Component Society News

On Tuesday, October 10, the Lake of the Ozarks Medical Society held a CME meeting with dinner at 7:00 pm at Andres' restaurant, Lake Ozark.

Dr. Carl Petit, President of the Society, introduced special guests MSMA President Gordon Goldman and wife, Roberta. Dr. Goldman talked of the importance of belonging to the MSMA and issues important to the medical profession. He then conducted a lively question and answer session. After the CME presentation, more discussion was held with Dr. Goldman.

The CME program was presented by Terri Deffenbaugh, DO. Her subject was "Recent Examples in the Treatment of Premenstrual Dysphoric Disorders."

Mr. Fred Brown, MSMA Director of Field Services, was also in attendance.

AMA Physician's Recognition Award

The following physicians have completed 150 hours of continuing medical education within a three-year period. Sixty of the credit hours are earned in Category 1 programs.

Chehval, Michael J., *St. Louis*
Dehner, Jonathan D., *St. Louis*
Eckardt, John R., *St. Louis*
Efstathianos, Kimon, *St. Louis*
Johnson, Warren L., *Kansas City*
Legler, Larry E., *Independence*
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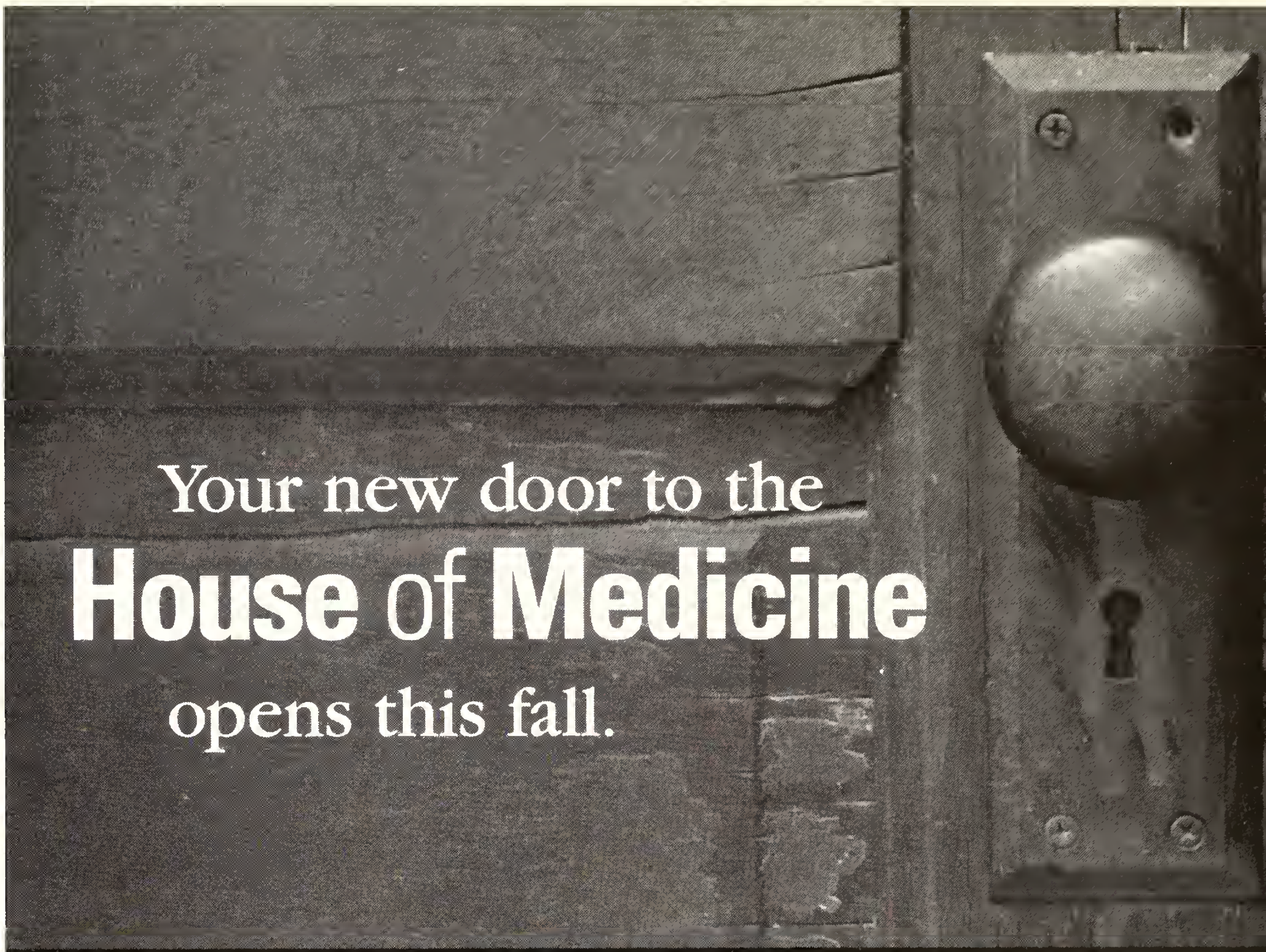

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17 - *St. Louis:* ASTRO Presentations (Radiation/Oncology). 7.5 credit hours. Call Washington University 314-362-6891.

30 thru December 1: *St. Louis:* Emergency Procedures for ER Physicians. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

December

1 & 2 - *St. Louis:* Fingers to Toes: Orthopaedic Review for Primary Care. 14 credit hours. Call Washington University 314-362-6891.

2 - *St. Louis:* Petrie Memorial Symposium on Maternal-Fetal Medicine. Call St. Louis University CME office 314-577-8167 or 1-800-553-2712.

8 - *St. Louis:* Contemporary Women's Health Issues, 3rd Annual. Call Washington University 314-362-6891.

8 thru 10 - *St. Louis:* Craniofacial Surgery and Transfacial Approaches to the Skull Base for Nurses and OR Personnel. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

9 - *St. Louis:* Cardiology. Call Washington University 314-362-6891.

9 - *St. Louis:* Psychoses Across the Life Spectrum. Call St. Louis University School of Medicine 314-577-8167 or 800-553-2712.

15 - *Kansas City:* Evaluation of Disabilities. 6 credit hours. Call Lela Hall 816-276-4306 or 800-892-5771 x 4306.

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January

18 thru 20 - *St. Louis:* Microvascular Anastomosis. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

22 thru 26 - *St. Louis:* Medicolegal Death Investigator Course. Call St. Louis University School of Medicine 314-268-5970.

27 - *St. Louis:* Human Gross Anatomy. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

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8 thru 11 - *St. Louis:* Comprehensive Spine - A Hands-on Review. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

9 thru 11 - *St. Louis:* Microsurgical & Endoscopic Approaches to the Degenerative Spine. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

18 - *St. Louis:* Human Gross Anatomy. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

March

3 & 4 - *St. Louis:* Temporal Bone. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

11 - *St. Louis:* Human Gross Anatomy. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

16 & 17 - *St. Louis:* 16th Annual Coagulation Consultants Symposium. Call St. Louis University CME office 314-577-8167 or 800-553-2712.

April

7 - *St. Louis:* Human Gross Anatomy. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

May

5 & 6 - *St. Louis:* Brain Mapping. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

MSMA Receives Four-Year Full Recognition

The Accreditation Council for Continuing Medical Education's (ACCME) survey team met with
MSMA's Director of Scientific Affairs, Benita Stennis,
Chair of the Commission on Continuing Education, David S. Martin, MD,
and Commission member, Richard Heimberger, MD
on September 11, 2000 at the MSMA office in Jefferson City.

During the visit the survey team reviewed MSMA's re-recognition application, sponsor files, and policies and procedures related to the CME program.

The ACCME's Committee for Review and Recognition met in October
and granted
MSMA full recognition as an accreditor of intrastate providers of CME for four years.

Information for Contributors

Articles are accepted for publication on the condition they are contributed solely to this journal. Material appearing in *MISSOURI MEDICINE*, is protected by copyright.

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Please include the original and two copies for review. Retain another copy for proofreading. Please number the pages of your manuscript. Manuscripts are not returned. Hospital and University appointments of the authors should accompany the manuscript. Please submit manuscripts on a 3½ diskette labelled with the version of wordprocessing used or via e-mail to bjungermann@msma.org.

References

References should be cited in numerical order in the text and arranged at the end of the article in the same order in which they are cited. The reference should give name of author, title of article, name of periodical, year, volume number, and page numbers.

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1. Galata JF, Blue JM, Gaines RW. Osteochondroma of the scapula. *Missouri Medicine* 1995;92:95-97.

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MISSOURI MEDICINE

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On the Cover: Jesse Barnes' "The Night Before Christmas" was his first print released. Mr. Barnes is a self-taught professional artist.

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Missouri Medicine: Continues to be a Valuable Asset for MSMA

John C. Hagan, III, MD

John C. Hagan, III, MD
Editor

> *These are large shoes to fill that Dr. Thomas has left behind. I will do my best to continue his high standards.*

Missouri Medicine has lost an outstanding editor. Missouri has lost a superb clinician and surgeon. J. Regan Thomas, MD, editor of our state medical journal since 1992, has accepted a faculty appointment with the University of Illinois Medical School as Chair of the Department of Otolaryngology - Head and Neck Surgery.

He will leave behind a respected medical journal shaped and molded by his energy, intelligence and enthusiasm. *Missouri Medicine* is highly regarded among medical journalists. Issue after issue presents a highly professional and polished compendium of scientific and socioeconomic content.

Missouri Medicine began publication in 1904 and has had a succession of capable and dedicated editors. Dr. Thomas ably and admirably continued that tradition. On behalf of his many friends and admirers we thank him for a job well done and wish him much success in his new position.

Dr. Thomas leaves behind an excellent legacy. He has assembled a dedicated staff under the direction of managing editor Becky Jungermann. Philip Anderson, MD, associate editor, along with Jordan Burkey, MD and Donald Sessions, MD, both previous editors, will continue their service to *Missouri Medicine* as contributing editors. We will look to our editorial board for increased participation in peer review and scientific content.

Hopefully you and I have a lot in common. I'm a board-certified ophthalmologist and have practiced in North Kansas City since 1975. My training was at Missouri University-Columbia, Loyola University Stritch Medical School, internship at Milwaukee Country General Hospital and Residency at Emory University. During the Viet Nam conflict I served in the United States Air Force Medical Corps.

My wife Becky and I are from Mexico, Missouri. We have two adult daughters. Both will be "doctors" but not physicians (Ph.D. and D.V.M.). I have always felt strongly about the duty of physicians to participate in their community and medical organizations. I have been privileged to serve as President of the Clay-Platte Medical Society and the Missouri Society of Eye Physicians and Surgeons. Much to the chagrin of my orthopedist I continue a life-long interest in running (4 marathons, 20 half marathons) and physical fitness. I serve the American Running Association as a previous board member and active clinic advisor.

I sincerely thank the Publications Committee and the MSMA Council for their confidence in extending the editorship of *Missouri Medicine*. These are large shoes to fill that Dr. Thomas has left behind. I will do my best to continue his high standards.

Finally we at *Missouri Medicine* hope to hear from you again and again (and again). Your comments, correspondence, scientific articles, guest editorials and perspectives, photographs for our cover and constructive criticism are welcome and unabashedly solicited. My e-mail address is jhagan@kc.rr.com. **MoMed**

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So What Happens Now???

Gordon M. Goldman, MD

Well, by the time this is published, our country will have chosen a new President, Senate and House of Representatives. In Missouri, we will have chosen a new Governor, Lieutenant Governor and General Assembly. And we, collectively as a nation, will have chosen which path we will follow for the foreseeable future. But does that mean the chosen path is unalterably carved into granite?? I think not.

Irrespective of what one's political preferences may be, we must not recoil into the depths of despair simply because we did not get what we wanted at this time. Nor should we be deluded into the false sense of security that since our views prevailed at the polls, we need no longer be vigilant to the potential for adverse outcomes.

For example, let us remember that famous statement from President George H. Bush, "Read my lips, no new taxes." Or, the promises of the Clinton Administrations to expand health care coverage and reduce the numbers of uninsured. I have heard several of our colleagues despondently lament, "It matters very little who wins the elections, medicine gets the 'short end of the stick,' either way." This brings to mind another quote, "If you think you can, or if you think you can't, you're right!!" My point is taken from Yogi Berra's simple truth that, "it ain't over, till it's over."

I urge each of us to consider those things that may make the care you provide for your patients and for your practice a bit more effective. Write it down and, at the risk of arousing the ire of our lobbyist Tom Holloway and Dr. Jerry Kennett, the Chair of the Committee on Legislative Affairs, communicate your ideas to them. In this way, they will know first hand what your problems are and get alternative viewpoints as to how they may be solved. I urge you to flood the headquarters in Jefferson City with phone calls and letters giving your perspective. The more input we get from our membership, the better the legislative proposals we can offer.

> *I've learned . . .*
> *that the Lord didn't do it*
> *all in one day.*
>
> *What makes me think*
> *I can?*
>
> *- Andy Rooney*

And if what we propose does not get accomplished this session, do not despair. As we approach the 2001 session of the Missouri General Assembly, it will serve us well to also remember the words of Andy Rooney, "I've learned.... that the Lord didn't do it all in one day. What makes me think I can?" MSMA has had some unprecedented legislative successes in the past, but some of these required more than one attempt before they were enacted. The managed care reform bill of 1997 (HB335), the "drive-through delivery bill," the "drive-through mastectomy bill," are a few examples. Indeed, the final version of HB 335 was even better than the earlier versions that had failed.

But, there remains much more to be done. And while we may not get it all done in this or even the next legislative sessions, bit by bit, day by day, year by year, we are making positive change for the benefit of our patients, our personal practices and our profession. MoMed

See page 539 for a legislative sampling of what MSMA accomplished this year.

Correspondence

Dear Gordon Goldman, MD,
President, Missouri State Medical Association

I write this letter to express my surprise and utter outrage at the current flu vaccine situation.

We were told that there would be a shortage of flu vaccine, and accordingly, we placed our order in early July, 2000. We were told that since flu vaccine was in short supply, we would be supplied with vaccine in mid-November. We were asked to reserve the vaccine for patients at high risk. Gordon, as you know, I am an Internist and have been in practice for twenty-nine years. Consequently, my practice contains numerous elderly individuals and numerous patients who are quite ill from a variety of medical problems. I have many patients who do require and should have flu vaccinations. We have contacted the manufacturers, and still we are told that flu vaccine will not be available to us until mid- to late-November and possibly not even at that time.

To my dismay, we now find that flu vaccine is being regularly administered at various grocery stores and Walgreen pharmacies in the St. Louis area. I find this to be an incredible situation and one in which there is total lack of respect and regard for the private physician and for those patients in multiple practices who are quite ill and need vaccinations. Who else but the primary care physician should be allowed to determine which patients receive the vaccine in view of the shortage. It is amazing to me that while a person purchases his groceries he can be in line for flu vaccine without any skilled professional determining who is at risk and in the most need.

I see the above situation as another instance of lack of respect and regard for the primary care physician and his role in the community.

I write this letter fully aware that you or the Medical Association will probably not be able to do anything at this time to alleviate this situation, but I wanted to make my thoughts and ideas known and express my disappointment in the manufacturers and administrators who have allowed the short supply of flu vaccine to go to various grocery stores and pharmacies. I thank you for time and patience in reading this letter from a primary care physician who is interested solely in administering to the needs of his practice.

Sincerely yours,
Alan R. Spivack, MD **MoMed**

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Physician's Guide to Law and Medicine

MSMA offers the *Physician's Guide to Law and Medicine* to assist members in understanding the laws that affect the practice of medicine. All members receive the comprehensive, regularly-updated guide. Contact Tom Holloway for more information.

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The MSMA World Wide Web site features information on legislative, scientific, and socioeconomic issues that is password-protected for members only. Through an agreement with Sockets, Inc., an Internet Service Provider in Columbia, Mo., MSMA offers to members favorable rates for unlimited Internet access. Contact Becky Jungermann for more information.

Educational Pamphlets

The Missouri State Medical Association has a variety of public health and educational pamphlets for physicians and their patients. Some are free and, for those that are purchased, there is a discount for MSMA members. Contact Lizabeth Fleenor for more information.

Legislative Representation

MSMA plays an active role representing you and your colleagues before the General Assembly and government agencies. MSMA monitors more than 1,300 bills and reams of rules and regulations every year to insure that the voice of medicine is heard.

Physician of the Day

Join the team of physicians who serve as the official physician on duty for lawmakers and staff during the legislative session.

Key Contact Network

The highly effective "Key Contact Network" encourages physicians to stay in contact with their lawmakers. Add your voice and influence the political issues confronting medicine. Contact Tom Holloway for more information about legislative services.

Medical Savings Accounts

Self-employed members of MSMA may easily and conveniently purchase their own Medical Savings Account (MSA). Participants will receive a tax break of up to $3,375 per calendar year that may be deducted from their adjusted gross income. Also, as MSA funds accumulate, they earn tax-deferred interest. Contact MSMA at 573-636-5151.

Credit Card Merchant Services

Central Trust offers MSMA members low rates for processing credit card transactions. You do not need to alter your existing banking relationships to access this program. Contact Central Trust at 573-634-1161 for more information.

Physician Placement Service

Medical Employment Directory, Inc. (MED) is MSMA's selected health care recruitment firm. MED, Inc., actively places physicians with a retention rate of 99%. Contact MED at 816-756-3445 or visit their website at www.med-search.com for more information.

Intrav Travel Arrangements

Intrav Travel offers programs that enhance your medical knowledge through scheduled lectures and specifically designed continuing medical education activities, plus the rewards of traveling to some of the world's most intriguing destinations. Contact Intrav Travel at 800-456-0020.

New Car Leasing

Autoflex Leasing is a trusted option for physicians who are either leasing or purchasing a new car. Autoflex has more than 50 lease options available for the vehicle you select. Contact Autoflex Leasing at 888-234-1234 or visit their website at www.autoflex.com.

Collection Services

MSMA-endorsed I.C. Systems, Inc., has a long record of ethical and successful collections. Contact I.C. Systems, Inc. at 800-685-0595.

MSMA MasterCard

The MSMA MasterCard offers a significantly higher credit line and unmatched services including a free HIV supplemental income protection policy, free credit card registration, additional cards, purchase protection for eligible purchases made with the MSMA Card, and 24-hour customer service. Contact Barbara Crader for an application.

Tax Audit Service

TaxResource, Inc., offers complete, highly professional audit defense for one small prepaid, tax-deductible annual fee. Physicians receive representation before, during, and after an audit, unrestricted use of the toll-free 800 number for tax counseling, and a quarterly newsletter. Contact TaxResource at 800-922-8348 for more information.

Contract Review Service

MSMA has established a network of attorneys to review physician employment contracts. They are:

- ❖ Randy Gerber, St. Louis, Tel: 314-615-6217
- ❖ Craig Van Matre, Columbia, Tel: 573-874-7777
- ❖ Bill Mauck, Springfield, Tel: 417-883-7411
- ❖ David Patzman, Kansas City, Tel: 816-691-2731

The above attorneys have significant experience in physician employment contracts and offer fair prices. Although they have been recommended by the MSMA, please note that the Association is not responsible for any advice rendered or acted upon.

Protecting the Health of Missourians for 150 Years

MSMA Annual Convention

April 5-8, 2001

Renaissance St. Louis Hotel
St. Louis, Missouri

Preliminary Program

Preliminary Program

Thursday, April 5

6:45 am	Moneta Breakfast
10:00 am	MSMAA Board Meeting
11:45 am	St. Louis Luncheon
Noon	MSMAA Past Presidents Luncheon
Noon	KC Luncheon
2:00 pm	Opening Session, MSMA House of Delegates
3:00 pm	MSMAA General Assembly
4:00 pm	Reference Committee Meeting
8:00 pm	MSMA/MSMAA General Session (dinner begins at 6:00 pm)

Friday, April 6

7:00 am	Councilor District Breakfasts
7:30 am	Intermission to View Exhibits
7:30 am	Physicians Health Committee Breakfast Meeting
8:00 am	MSMAA General Assembly, Session II
8:30 am	General Session
10:15 am	General Session
11:00 am	Open Forum on AMA Issues
11:00 am	Medical Student Luncheon Meeting
Noon	MSMAA Awards Luncheon
Noon	KC Luncheon
Noon	YPS Luncheon Meeting
1:30 pm	Intermission to View Exhibits
2:00 pm	St. Louis Caucus
2:00 pm	Missouri Society of Otolaryngology Program
2:00 pm	General Session
3:00 pm	Organized Medical Staff Section Meeting
6:30 pm	Inauguration
7:30 pm	Reception

GENERAL SESSIONS

- The Medical Marriage
  (Thursday, 8:00 pm)
- Misuse, Abuse, and Diversion of Prescription Drugs
  (Friday, 8:30 am)
- The Ideal Health Care System
  (Friday, 10:15 am)
- TBA
  (Friday, 2:00-3:30 pm)

PLUS

- House of Delegates and Reference Committees
- Presidential Inauguration Celebration
- Young Physicians Section
  Resident Section
  Medical Student Section
  Organized Medical Staff Section

Convention Deadlines

January 19
Community Service Award Nominations

February 5
Delegate Credential Cards

February 20
Resolutions

All program material received prior to November 1 appears. If your specialty is not listed, please contact your program chair.

Material received between November 1 and December 1 will be published in the next Preliminary Program featured in the January issue of *Missouri Medicine.*

Saturday, April 7

7:00 am	MSMF Breakfast Board Meeting
7:00 am	Missouri Society of Otolaryngology Breakfast Meeting
7:00 am	Missouri Association of Plastic and Reconstructive Surgery Breakfast Board Meeting
7:30 am	UMC Alumni Breakfast Meeting
8:00 am	Missouri Radiological Society Breakfast
8:30 am	Central Society of Physical Medicine and Rehabilitation Breakfast
8:30 am	MSMAA General Assembly, Session III
9:00 am	Missouri State Neurological Association Program
9:00 am	Missouri Society of Otolarynology Program
10:00 am	Missouri Academy of Family Physicians Program
10:00 am	Missouri Psychiatry Association/American Medical Womens Association Program
10:00 am	Missouri Radiological Society Program
10:00 am	Missouri Association of Plastic and Reconstructive Surgery Luncheon Program
10:00 am	Missouri Chapter American College of Surgeons Program
11:00 am	MMPAC Luncheon Meeting
11:30 am	Central Society of Physical Medicine and Rehabilitation Luncheon
11:30 am	MSMAA Installation
Noon	Missouri Society of Otolaryngology Luncheon Program
Noon	Missouri Association of Plastic and Reconstructive Surgery Luncheon Program
Noon	Missouri Radiological Society Luncheon
Noon	Missouri Chapter American College of Surgeons Luncheon Program
12:30 pm	UMC Alumni Luncheon
12:30 pm	Missouri Academy of Family Physicians Luncheon Board Meeting
1:00 pm	Central Society of Physical Medicine and Rehabilitation Program
1:30 pm	Missouri Association of Plastic and Reconstructive Surgery Program
1:30 pm	MSMAA Joint Convention Board Meeting
3:30 pm	Second Session, MSMA House of Delegates
6:00 pm	Alumni Receptions
7:30 pm	MSMA Alliance Fundraiser

Sunday, April 8

7:30 am	Final MSMA House of Delegates
9:30 am	Christian Medical and Dental Society Program

The 143rd Annual Presidential Inauguration and Reception will not be held . . .

on Saturday this year.

The annual event is scheduled for Friday evening beginning at 6:30 pm.

The Presidential Installation of Norman Knowlton, III, MD, Springfield, will be held Friday evening at 6:30 pm. Immediately following the ceremony, you are invited to join Dr. Knowlton and 2000-2001 MSMA Alliance President Rhonda Wade and spouse Scott for a Presidential Reception.

We will also be honoring Immediate Past President of the MSMA, Gordon Goldman, MD, and of the Alliance, Mrs. Eileen Chalk.

PREREGISTRATION

Registration for MSMA's 2001 Annual Convention is *easy!*
FAX: Registration form to 573-636-8552
MAIL: MSMA, P.O. Box 1028, Jefferson City, MO 65102
INTERNET: Register over the Internet at *www.msma.org.*

Upon receipt of your preregistration, you will be mailed a confirmation card to present at the Convention registration desk. Your registration packet and name badge will be ready for pick-up.

Name

Mailing Address

City/State/Zip

Delegate ☐ Member ☐ Non-Member ☐

Daytime Phone Number

E-Mail address *Component Medical Society*

Check the sessions you will be attending:
_____ *The Medical Marriage*
_____ *The Ideal Health Care System*
_____ *Misuse, Abuse, and Diversion of Prescription Drugs*

HOTEL RESERVATION

Physicians are encouraged to make hotel reservations prior to March 1st to take advantage of MSMA's Convention room rate. Call the Renaissance Hotel at 888-340-2594.

BABY-SITTING

NEW THIS YEAR.

MSMA recommends the St. Louis-based company *TLC for Kids*. Call for your own arrangements at 314-725-5660. Must be arranged one month prior to Convention.

EVENT SCHEDULE REVISED - MARK CALENDARS

A portion of the MSMA sponsored events' schedule has been revised from past conventions. Please note the changes and mark your calendar accordingly.

Friday, April 6

6:30 pm	MSMA Presidential Inauguration
7:30 pm	Reception

Saturday, April 7

7:30 am	UMC Alumni Breakfast Meeting
12:30 pm	UMC Alumni Luncheon
3:30 pm	Second Session, MSMA House of Delegates
6:00 pm	Alumni Receptions
7:30 pm	MSMA Alliance Fundraiser

1850-2000 MSMA
Sesquicentennial

PROTECTING THE HEALTH OF
MISSOURIANS FOR 150 YEARS

Now is the time to renew
your 2001 membership.
To ensure continuity of benefits and services,
renew your membership
prior to December 31, 2000.

Here's just a sampling of things we've done this year:

✓ **Sought Tough Prompt Pay Law**

MSMA's legislative efforts very nearly resulted in one of the nation's toughest prompt pay laws, which would have required insurers to pay claims in a timely manner. Only a last-minute filibuster in the Missouri Senate could stop this bill in 2000. MSMA will pursue it again in 2001.

✓ **Opposed Prescriptive Authority for Pharmacists**

MSMA was able to derail legislation that would have allowed pharmacists initiate, modify, or prescribe a drug therapy in accordance with written protocols provided by a physician. Those protocols did not have to be patient-specific or drug-specific, but could be tailored to an entire class of patients.

✓ **Opposed Independent Practice Authority for Nurse Anesthetists**

The nurse anesthetists pushed legislation that would have allowed them to prescribe controlled substances and practice without the supervision or direction of a physician. A strong lobby effort by MSMA kept this bill from passing.

✓ **Opposed Medical Licensure for Naturopaths**

MSMA blocked a bill that would have granted full medical licensure - including surgical privileges and the authority to prescribe drugs - to Doctors of Naturopathic Medicine.

✓ **Fought Burdensome Written Informed Consent Requirements**

MSMA derailed a legislative effort to impose an unduly burdensome written informed consent obligation on mental health providers.

✓ **Lobbied for a Strong Patients' Bill of Rights**

MSMA worked very hard to help the AMA promote the Patients' Bill of Rights, and is credited with turning the vote of a key U.S. Senator who initially opposed the bill.

✓ **Worked to Expand Funding for Primary Care Programs**

MSMA promoted legislation to significantly expand the sources of funding available for state programs that encourage primary care physicians to practice in underserved areas of Missouri. Although the bill died as time ran out in the 2000 General Assembly, a good foundation now exists for another run at this in 2001.

✓ **Took the Lead in Working with Managed Care Plans to Reduce the Hassle Factor**

In an effort to resolve some of the burning issues confronting physicians and patients, especially those relating to claims adjudication, MSMA set up a special committee to meet with Missouri's managed care plans. Among the initiatives the two sides agreed to pursue were prompt claims reimbursement, standard electronic claims forms and software, streamlining of medical record reviews, uniform referral forms, and the creation of a single, integrated survey process that all plans would use for medical chart review, credentialing, on-site surveys, and data collection.

✓ **Fought Discrimination Based on Genetic Screening**

MSMA supported legislation to prohibit insurers from requiring, asking about the results of, or considering the results of a genetic screening test.

✓ **Pushed Legislation to Prohibit All-Products Clauses**

MSMA continues to fight for legislation to prohibit insurers from including "all-products" clauses in physician contracts. Under these clauses, a physician who agrees to participate in one insurance product offered by the insurer has no choice but to participate in all the insurer's products, even those that don't exist at the time the contract is signed.

Missouri Medicine
MSMA Medical Student
Essay Contest

Win $100
and Publication in
Missouri State Medical Association's
Medical Journal

Submissions due by: December 31, 2000
First Prize: $100 and publication in *Missouri Medicine.*

All MSMA medical student members can enter essay contest. All forms of prose and the topic of your choice will be accepted. Submit hard copy and disk in WordPerfect/Word format. Indicate article as Essay Contest Submission. Use correct grammar, punctuation and double-space article. Limit words to 1,000-1,500 per article. Students can enter more than one article. One entry per disk. Submissions and disks cannot be returned. Only one winner will be chosen. Winner and article will be announced and published in a Spring edition of *Missouri Medicine.*

Send to: Becky Jungermann, Managing Editor, *Missouri Medicine,*
MSMA, 113 Madison Street, P.O. Box 1028, Jefferson City, MO 65102.
For questions, call 573-636-5151 or E-Mail at bjungermann@msma.org.

Evaluation of the American Academy of Pediatrics Principles on Management of Common Office Infections in a Managed Care Setting

Alex R. Hover, MD; Victoria Cornwell, SRNA;
Shelly Stevenson, SRNA; Donald Sponenberg, MD

ABSTRACT

The American Academy of Pediatrics has outlined principles for management of common office infections. We evaluated the impact of these principles at St. John's Health System. Study design was a pre and post guideline analysis of claims data and a randomized chart review. There was a high baseline compliance present with the AAP recommendations. There was a 33.5% increase in the use of throat cultures or streptococcal agglutination screens for diagnosis of upper respiratory infections ($p = .001$) and an 86% decrease in the use of sinus films ($p < .001$). We conclude that the AAP principles resulted in a significant change in clinical practice.

PURPOSE

Clinical guidelines, although controversial, are a means of improving clinical care and reducing inappropriate variation in clinical practice.[1, 2,3] Guidelines may be even more difficult for pediatric specialists, however, than other medical specialists.[4] Bauchner et al, has suggested that the low prevalence of serious acute illness, emphasis on prevention and difficulty in assessing patient preference make acute illness pediatric guidelines difficult to implement.[5] Whether guidelines improve care is difficult to assess.[6] Implementation of clinical guidelines is difficult and can be resource intensive for HMOs. Documentation of benefit is important to both clinicians and, increasingly, to the public but is also difficult and expensive. Collection of outcome data or retrospective chart review is labor intensive and costly. Use of claims data has an appeal due to simplicity and low cost but judgements about quality of care or outcomes of care based on claims data alone is unreliable.[7] Combining clinical data collections with claims data analysis can be useful in assessing efficacy of medical care.[8] If one accepts the evidence for guideline recommendations, it may be sufficient to measure compliance with the guideline where collection of actual patient outcomes is too difficult or expensive to measure. Like other health systems, St. John's Health System has tried to evaluate the benefit of specialty guidelines in the least costly manner. Publication of the American Academy of Pediatrics supplement (Jan 1998) on Management of Common Office Infections gave us the opportunity to evaluate the impact on clinical care of the introduction of a specialty care management principles within a managed care population.[9] The AAP principles were not specifically called guidelines. The evidence based principles, however, were sponsored by the American Academy of Pediatrics and Centers for Disease Control and Prevention and constituted a de facto guideline. We used a combination of claims data analysis and a randomized sample chart review to reduce costs of the study. This study examined the impact of the AAP recommendations for office management of common pediatric infections for 13 pediatricians. These pediatricians constituted the majority of practice for pediatric HMO patients within a rural/urban HMO practice. The principles for management of common office infections were published in the January 1998 supplement of *Pediatrics* and were discussed in a section meeting involving all of the pediatricians in January and February. The guideline was formally adopted by consensus in March 1998 with only one dissenting.

MATERIAL METHODS

We analyzed claims data for the HMO to examine the clinical practice for April through September 1997 and for the same six months in 1998. Claims data was analyzed to find patient encounters for eleven ICD-9 diagnoses for streptococcal sore throat, otitis media, acute otitis media, acute and chronic serous otitis media, acute nasopharyngitis, acute sinusitis, acute pharyngitis, acute tonsillitis, upper respiratory infection, acute bronchitis, and bronchial pneumonia. Specific encounters were selected based on random number assignment to all encounters. Specific patients were not repeated in the post intervention time frame. We analyzed the data for the frequency of these diagnoses and the frequency of sinus films, throat cultures and streptococcal agglutination screens. The proportion of patients who were managed in compliance with the guidelines was determined. The specific criteria for compliance were based on the written principles in the January 1998 supplement of *Pediatrics.*[9] To meet criteria for compliance the management of each visit was judged against the stated criteria for the clinical diagnosis. Any deviation from the AAP criteria was counted as noncompliance. As an example any administration of antibiotics for pharyngitis without a positive agglutination screen or culture for beta hemolytic streptoccus was judged as noncompliance. We determined the proportion of patients who required a second or third visit for the same illness. We also reviewed the clinical chart for any identified complication within six weeks of the first visit such as admission to the hospital, tympanitic membrane perforation, Emergency Room or Urgent Care visit or referral to a sub-specialist. Our null hypothesis was that the introduction of the principles would make no difference in these proportions. Claims data was used to determine the number of member months, counts of visits, counts of tests, and to identify patient encounters. Our claims data was stored in a commercially available data warehouse (Rapport 4.1™, PCSD, Inc. d.b.a. DataMedica), that allows an easy graphical, query tool. Continuous data was analyzed using the student's T-test and categorical data was analyzed using the Chi-square test using Minitab, Version 12. Where cell frequencies were less than 5, Yate's correction was used. Study design was that of a pre and post guideline evaluation. Using the claims data, patient encounters were identified and using random numbers, 40 charts were selected for review in each time frame. The reviews were unblinded, performed by graduate anesthesia students, using a standardized data collection tool. The data collection definitions were derived directly from the AAP principles published criteria.

RESULTS

The number of member months for ages 2-19 increased from 22,213 in 1997 to 25,485 in 1998. (Table 1) The number of total visits for the diagnosis code set was 1,348 in 1997 and 1,428 in 1998. The average age of patients seen was 6 years old (95% CI 4.9 to 7.2) in 1997 and 7 years old (95% CI 6.3 to 9.1) in 1998, ($p = .07$). The gender distribution likewise was not significantly different between 1997 and 1998.

Table 1. Procedures per patient visit

	97 Count	97 Rate	98 Count	98 Rate	*p* value
Member months	22213		25485		
Counts of visits	1348		1428		
Test/mm total	548	0.0247	708	0.0281	0.039
Sinus x-ray/mm	35	0.0016	5	0.0002	<.000
Chest x-ray/mm	39	0.0018	30	0.0012	0.098
Strep test/mm	476	0.0021	673	0.0026	0.001
Test/visit total		0.4065		0.4958	0.004
Sinus x-ray/visit		0.0256		0.0035	<.000
Chest x-ray/visit		0.0289		0.0210	0.191
Strep test/visit		0.3531		0.4713	<.000

Total number of ancillary tests of sinus x-rays, chest x-rays, streptococcal agglutination screens or throat cultures per member month increased 21% from 1997 to 1998 ($p = .039$) and increased per visit by 21.9% ($p = .004$). The use of sinus films per visit decreased by 86% ($p < .000$). The use of chest x-rays per visit did not vary significantly from 1997 through 1998 ($p = .098$). The use of throat cultures per visit increased 33.5% from 1997 to 1998 ($p = .001$). The proportion of those diagnosed as pharyngitis that were managed by throat culture or streptococcal agglutination screens increased from 83% in 1997 to 90% in 1998. (NS)

Diagnosis distribution frequency changed significantly from 1997 to 1998 with the major difference being the proportion of diagnoses of pharyngitis increased from 45% in 1997 to 78% in 1998. (Table 2) Concurrently, the diagnosis of sinusitis decreased from 32.5% in 1997 to 2.5% in 1998.

The proportion of patients who were managed according to AAP principles (Table 3) in 1997 was 85.5% and in 1998 was 88% (NS). With only 40 charts in each sample, however, the probability of a type II error is greater than 70%. The number of total visits for 40 patients in 1997 was 62 and decreased to 51 visits in 1998 although this did not reach statistical significance. The duration of antibiotics prescribed for non-streptococcal pharyngitis diagnoses decreased from a mean of 10.4 days in 1997 to a mean of 8.5 days in 1998 but this was not statistically significant.

Table 2. Diagnosis Distribution - Diagnosis classes (80 charts)

	1997	1998
Pneumonia	1	1
Bronchitis	3	0
URI	3	4
OTM	2	3
Pharyngitis	18	31
Sinusitis	13	1

Table 3. Compliance with guidelines recommendations

	1997	1998
% who met criteria all visits	85.5	88 (NS)
Total visits	62	51 (NS)
% pharyngitis with strep test	83	90 (NS)
Duration of antibiotics (non strep)	10.4	8.5 (NS)
Number of complications	0	0

DISCUSSION

Well reasoned, evidentiary guidelines such as the AAP Principles on Management of Common Office Respiratory Infections may have a significant positive impact on clinical care. Guidelines are difficult; however, to implement and even more difficult to measure whether or not they have actually made an impact on clinical care. The plan for implementation of the AAP principles involved publication in *Pediatrics*, targeted mailings, and discussion of the principles at national meetings.[4] In our specific case, the AAP principles were discussed at the Pediatric Section and adopted by consensus. The pediatricians knew the principles but no specific chart forms, tools, or chart reminders were used to help implement them. A limitation of the study design is that the review was an unblinded pre and post intervention design, as the dates of service were known to the chart reviewers. There is also the limitation that between 1997 and 1998 there was an 11% increase in the use of a nurse phone triage service for pediatrics. The number of member months increased from 1997 to 1998 by 14.7% but the number of office visits for the same diagnosis code set increased by only 5.9%. Whether this made a material difference in the severity of illness presenting to the office between 1997 and 1998 was not measured in this retrospective study. Chart review confirmed that the decrease in sinusitis diagnosis was due to applying the AAP guideline criteria rather than a true decrease in the incidence of sinusitis in the population studied. The resources available also limited the study, which limited the chart review size. We found a large (> 70%) type II error for concluding that there was no difference in compliance with the principles before and after the principles were formally adopted. The huge sample size that would have been required to prove a statistically significant improvement was both impractical and unnecessary given a demonstrated high rate of compliance with the principles. Although the study design certainly has some limitations, we feel the study has value in that it represents a relatively easy way to use claims data combined with limited chart review to evaluate actual clinical care changes that may result from the introduction of guidelines. In this instance, we were able to relatively easily use claims data to identify a targeted population; specific diagnosis sets, and evaluated for utilization of resources and compliance in order to study the impact of a specialty guideline. Like most HMOs, our HMO is under constraint of limited resources both for helping clinicians implement guidelines and resource expenditure in evaluating the impact of guidelines. A process that combines a hybrid use of claims data and limited chart review has a good deal of appeal in evaluating clinical practice in a non-academic setting. By analyzing an initial sample to determine approximate proportions, we could estimate the sample size for chart review required to achieve statistical power. Assuming the current proportions of compliance were close estimates, we would have required review of 2,166 charts to achieve adequate power (alpha .05, beta error .2) to determine a significance for a difference of 3% in compliance before and after the guideline. We concluded that it was neither necessary nor a prudent use of our resources. The study was not specifically designed to evaluate outcomes of care.

We found clearly that there was a significant impact of the introduction of the AAP principles on clinical practice in regard to an appropriate increase in the use of throat cultures or streptococcal agglutination screens for patients presenting with signs and symptoms of pharyngitis. We found that the use of the throat cultures did guide management and prescriptions for antibiotics. We likewise found that the adoption of the AAP principles appropriately decreased the frequency of diagnosis of sinusitis and more importantly decreased the utilization of sinus x-rays in the pediatric population. Although one would not expect to prove that rare complications had not occurred in a limited chart review, no complications were identified in either time frame. Although we were not able to demonstrate a statistically significant increase in the proportion of patients managed in compliance with the AAP principles, we feel that this is due to the high initial baseline compliance. This suggests that the physicians were already learning the principles and had adopted them into clinical practice actually before the "formal" adoption of the AAP principles. In our health system, we have seen this in other instances such as a marked reduction in the number of average hours of patients on the ventilator post-coronary bypass grafting that preceded the actual adoption of the guideline on ventilator weaning. It has been our observation that the physicians in their section discussions of clinical care matters tend to come to a consensus based on the literature well before they actually put a guideline down on paper and formally adopt it. MoMed

ACKNOWLEDGEMENTS:

The authors would like to acknowledge the contributions of Mary Wehlacz, BSMT and Kenneth Mackey, MS for claims data query and project management.

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Welcome!
New Members of MSMA

Listed below are members who have joined the Missouri State Medical Association since the publication of our 2000-2001 Membership Directory in August 2000. This information is conveniently provided as a tear out to insert into your August 2000 Directory issue.

Members whose membership applications were processed after June 30, 2000 and prior to November 15, 2000 are listed here. If you are not listed but feel you should be, please call the Membership Department at 573-636-5151 ext. 127.

MSMA Only (002)

Artal, Raul MFM
6420 Clayton Rd., 2SW, #290
St. Louis, MO 63117
314-781-4772
Berry, Hugh G., II AN
14931 Straub Hill Ln.
Chesterfield, MO 63017
636-207-7035
Cook, Daniel J. AN
11133 Dunn Rd.
St. Louis, MO 63136
314-653-5426
Drees, Betty M. END
2411 Holmes
Kansas City, MO 64108
816-235-1808
Dyk, Piotr T. NEP
7347 Maryland Ave.
St. Louis, MO 63130
Flynn, Michael F. GE
7345 Watson Rd.
St. Louis, MO 63119
314-752-7100
Hasler, Galen R. ON
2115 S. Fremont, #3000
Springfield, MO 65804
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314-362-8171
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Latimer, Otis S. IM
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Thompson, Daryl W. N
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Buchanan (030)

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Deutchman, Adam GS
10 Doctors Park
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573-334-7964

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660-263-8986

Cole (058)

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***Bredeman, Thomas K.** OBG
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Dodson, Lorraine Marie OBG
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Rogers, Trent D. PD
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Lake of the Ozarks (120)

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Metro. Med. of Greater Kansas City (125)

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Jackson, Robert S. ORS
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816-444-9000
Kaftan, Harold PD
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Metro. Med. of Greater Kansas City Residents (126)

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573-221-7551
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573-221-5250
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Bowling Green, MO 63334
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Perry-Ste. Genevieve (174)

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Schabbing, Mark B. FP
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St. Louis Metropolitan (190)

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St. Louis Metropolitan Residents (195)

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Bree, Alanna F. D
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Medical Students Section

University of Missouri - Columbia (218)

Barbour, Kelly R.

University of Missouri - Kansas City (220)

Ahmad, Farhaan
Bailey, Anna M.
Basran, Harpreet S.
Bleckman, Christy R.
Bogener, James W.
Bonebrake, Rebecca A.
Brett, Catherine E.
Brewster, Samuel D.
Cassias, Cassandra M.
Chinnadurai, Sivakumar K.
Daly, Ashley
Denes, Alec E.
Evans, Tara N.
Hackmann, Amy E.
Haywood, Alicia M.
Hlavacek, Matthew R.
Kamal, Arif H.
Kelley, Michelle B.
Malone, Heather J.
MacQuaid, Emily Platt
Massman, Stacey
McCartney, Colin P.
Mehta, Ashish J.
Misra, Sounak N.
Nisar, Dilruba A.
Parulekar, Amit D.
Patel, Ruchir P.
Rahmlow, Megan R.
Rathod, Sonia B.
Roth, Charles R.
Schutt, Stephanie L.
Seiberling, Lisa M.
Tavee, Winston
Tharp, Mollie
Van Dillen, Chrissy M.
Wages, Ronald J.
Wasser, Megan E.

University Health Sciences College - Kansas City (224)

Lake, Jack R., Jr.
Nauth, Justin A.
Perna, Samuel, III
Ragsdell, Matthew
Rasmussen, Charles S.

Washington University (222)

Biehl, Kenneth
Bonds, Cale W.
Brig, Michael J.
Browning, Alyssa C.
Bullock, Andrea J.
Butler, Andrew S.
Byrd, Gregory D.
Campbell, Kemisha N.
Carlisle, John C.
Carlson, Kathryn L.
Chan, Sherwin S.
Chan, Walter W.
Chern, Peggy L.
Chiang, Herbert C.
Cho, Samuel K.
Cho, Soo-Jin
Chu, Celeste M.
Chun, Wendy E.
Chung, Jonathan H.
Council, Matthew D.
Daaga, Nefertari
Dean, Joel G.
Deem, Kenneth C.
Diamond, Mark S.
Dosenbach, Nico U.
Dulek, Daniel E.
Durley, Alison P.
Ehlers, Justis P.
Faller, Bryan A.
Gerlach, David J.
Greene, Riley E.
Grim, Andrew A.

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*DO

Hagemann, Ian S.
Harris, Vernetta L.
Hasbani, Daphne M.
Hershenson, Jared A.
Homes, Kristen J.
Hsu, Tony Y.
Huang, Yihung
Inoue, Shane
Jarrett, Delma Y.
Jones, Angela E.
Ju, Albert C.
Kemp, Jamie D.
Kesarwala, Aparna H.
Knipstein, Jeffrey A.
Lee, Annie C.
Lee, Bryan S.
Lester, Martha L.
Lindblom, Annette E.
Lu, Daiying
Madden, Kate
Martinez, Sara C.
McKinnon, Megan H.
Nunnikhoven, Amy K.
Nybakken, Grant E.
O'Brien, Cara L.
Olweny, Ephrem O.
Omotoso, Omoniyi O.
Pace, Rebecca D.
Page, Nathan C.
Patel, Gauran H.
Peakman, Lindsay A.
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Roizen, Jeffrey D.
Rosenblum, Keren
Rubin, Stacey L.
Rubinstein, Roee E.
Sahandy, Shirin J.
Sandige, Heidi L.
Slansky, Amy D.
Snyder, Alison K.
Sprague, Jennifer E.
Stephenson, Jason W.
Sternhell, Kara E.
Sucherman, Daniel R.
Tehrani, Shandiz
Tierney, Ryan M.
Tu, Daniel C.
Tweeten, Andrea R.
Ushe, Mwiza
Wahrle, Suzanne E.
Wilcox, Susan R.
Williams, Heather A.
Wong, Jason K.
Wylie, John D.
Zerega, Elena C.
Zink, Karen A.

Every Member Get a Member and Share the Benefits

If each member was to get only one new member, our Association would represent nearly 90% of the practicing physicans in Missouri.

NEW! Service Bureau Benefits

MDConsult

MDConsult offers 37 textbooks, 60 journals, more than 600 practice guidelines, 3000 customizable patient education handouts, drug database, CME center, and daily updates. MSMA members receive a 25% discount for a one-year's subscription through *http:/www.mdconsult.com/offers/msma9602.html.* For more information call 800-401-9962 or visit *www.mdconsult.com* to obtain a free 10-day trial.

HealthStream

HealthStream has continuously updated online CME developed by Cleveland Clinic, Vanderbilt University, Duke University, Scripps, and others. HealthStream offers more than 1,700 hours of CME through the Internet. See *www.msma.org* for more information.

Prescriber's Letter

Prescriber's Letter provides physicians with time-saving summaries of news in drug therapy. Over 200 professionals are involved in the editorial process of each newsletter. Contact *Prescriber's Letter* at 800-995-8712 or visit their website at *www.prescribersletter.com* for additional information. Ask for the MSMA member 20% discount.

Additional membership benefits are found on pages 534 and 539.

If a colleague is a nonmember of the MSMA,
please extend an invitation to join MSMA and share the benefits.
An application for membership is found on the following page.

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*DO

MISSOURI STATE
MEDICAL ASSOCIATION

113 Madison • P.O. Box 1028 • Jefferson City, MO 6
Tel: 573-636-5151 • Fax: 573-636-
www.msma.org email: bcrader@msm

APPLICATION FOR MEMBERSHIP

I hereby apply for membership as ____Active Member ____Second Year Practice ____First Year Practice ____Resident Member (Completion Date:__________

BIOGRAPHICAL INFORMATION

Last Name Maiden Name, If Applicable First Middle Initial Spouse

Check Preferred Mailing Address: ____Home ____Office Check Gender: ____Male ____Female Birth Date____________________

Office Address City/State/Zip County

Phone Fax E-Mail

Home Address City/State/Zip County

Phone Fax E-Mail

EDUCATION

Medical School City/State/Country Degree Graduation Date (Mo

Training - Full Name of Institution City/State/Country From (Mo/Yr) - To (Mo

Training - Full Name of Institution City/State/Country From (Mo/Yr) - To (Mo

LICENSING

Missouri License Date Issued

Medical Specialty(s)

Board Certification(s)

Have you even been suspended or expelled from membership in any medical society or has your medical license ever been suspended or revoked?

____ Yes ____ No If yes, please set forth details in a separate letter.

PRINT Name of Physician Who Referred You for MSMA Membership

Applicant Signature Date 20

Please PRINT name

Strike a blow for your rights without ever going on strike.

Eligible employed and resident physicians

The American Medical Association (AMA) and the Missouri State Medical Association (MSMA) are proud to introduce Physicians for Responsible Negotiation (PRN) to bargain for you from a position of strength and to maintain AMA standards and ethics at all times.

PRN will:

- Conduct a professional campaign to certify PRN as your labor organization
- Negotiate your contract including working conditions and patients' rights
- Oversee contract administration
- Subscribe to AMA's Code of Ethics

PRN will not:

- Authorize physician strikes or withholding of necessary care
- Represent nonphysicians
- Affiliate with traditional labor unions

For more information about collective bargaining options, contact the AMA at **312 464-4367**

To contact PRN directly, call **312 464-4PRN** or visit its website: www.4prn.org

MISSOURI STATE MEDICAL ASSOCIATION
MSMA

American Medical Association
Physicians dedicated to the health of America

MSMA
Annual Convention

April 5-8, 2001

St. Louis Renaissance Hotel
St. Louis, MO

photo provided by Scott Turner, MD

New Controlled Substance Regulations and Information

Daniel Crider, R.Ph., Administrator
Bureau of Narcotics and Dangerous Drugs

New controlled substance regulations became effective on November 30, 2000. A copy of these new regulations may be obtained from the Missouri Secretary of State's Office, or viewed online by viewing the *Missouri Register*. The Section to look for is Code of State Regulations, Department 19, Section 30, Chapter 1. It is abbreviated as 19 CSR 30-1.002 through 19 CSR 30-1.078

New regulations and amendments were promulgated for several reasons. Regulations addressing controlled substance issues needed to be amended due to changes in state and federal statutes and changes in health policies and technology. Many of the rules were rewritten for clarification of issues and requirements on the part of controlled substance regulations.

MAJOR CHANGES INCLUDE:

19 CSR 30-1.011
Records must be maintained readily retrievable. "Readily retrievable" is defined as being produced in three working days.

The definition of Temporary Location Registration (locum tenens) at a professional license address, if registrant is present no more than 90 days.

19 CSR 30-1.015:
If a registration is received 15 days after the previous registration has expired, the applicant must pay a $10 dollar late fee in addition to the regular fee.

19 CSR 30-1.017:
Starting on 1/1/2001, the BNDD will begin converting registrations to a three year cycle, instead of requiring registrations annually.

An applicant is required to submit an accurate and complete application. If an application is erroneous or incomplete, the applicant will have 60 days to provide the BNDD with the requested information. If the information is not received in 60 days, the application shall become void.

19 CSR 30-1.019:
If a registrant is at a temporary location or if their practice location is not known, their professional license address may be used.

19 CSR 30-1.023:
If a registrant notifies the BNDD of a change of address or name within 30 days of the change, their current registration may be updated with submitting a new application or fee. If a registrant fails to give 30 days notice, they must submit a new application and a new fee.

19 CSR 30-1.026:
No separate registration is needed if a registrant has privileges at a hospital and practices at the hospital.

No separate registration is needed for ambulance locations, if the ambulances rotate at least every 30 days.

19 CSR 30-1.034:
Registrants must notify the BNDD of any loss, theft or diversion of any amount of controlled substance, upon the discovery of that loss. A loss report must be submitted on a Department of Health form within 7 days. The loss must include an investigative summary. Insignificant losses may be documented and filed with the annual inventory.

19 CSR 30-1.041:
If records are stored at a central location, they must be retrievable and delivered within 3 working days.

19 CSR 30-1.044:
All records must be provided within 3 working days.

19 CSR 30-1.048:
Practitioners must record all controlled substances prescribed or administered.

Practitioners must make required records available if they are not the custodian of records.

Computer prescriptions must be verified with practitioner within 30 days.

19 CSR 30-1.062:
Hospice prescriptions may be transmitted by fax.

19 CSR 30-1.064:
Prescriptions may be partially filled if for long term care facilities or terminal illness.

19 CSR 30-1.066:
A person in a collaborative practice nurses may administer and dispense when a practitioner is not present, however they must;

A. Have a collaborative practice agreement with the doctor;
B. The person, administering and dispensing must be authorized by statute;
C. The person must have a BNDD Missouri Controlled Substance Registration.

19 CSR 30-1.070:
Emergency Schedule II prescriptions that are phoned in to pharmacies, must be followed with a written prescription to the pharmacy within 7 days.

19 CSR 30-1.078:
When you need to dispose of unwanted controlled substances, a registrant has disposal options of returning drugs to the supplier or using a reverse distributor.

The BNDD strongly urges registrants to obtain a copy of the new regulations to use as a personal reference and insure that they comply with the new regulations.

ONGOING CHANGES & IMPROVEMENTS:

☐ You may obtain a Missouri Controlled Substance Application by either calling us to mail you one, fax you one or you may download your own at www.health.state.mo.us/graphics/580-2322.pdf.

☐ You may verify a person has a current registration by reviewing our database online at www.health.state.mo.us/ResourceMaterial/BNDDList.htm.

☐ Your application must list your primary practice location. However, if you would like to receive your mail at a separate location, you may attach or enclose a note with the optional mailing address.

☐ The appearance of our Controlled Substance Registration Certificates has changed. The type of border has changed. The font and the printing style have changed. The drug schedules are now listed as 2,3,4, and 5. Our bureau has stopped using the designations 2N and 3N.

EDUCATIONAL PAMPHLETS AVAILABLE:

☐ Practitioner's Guide to Drug Seeking Patients and Their Scams
☐ Guide to Prescribing, Administering and Dispensing Controlled Substances in Missouri
☐ Regulatory Guidelines For:
    A. Collaborative Practice Agreements
    B. Clinics
    C. Ambulance Services

WAIVERS REQUIRED FOR CERTAIN EMPLOYEES:

If you employ or wish to employ a person who has entered a plea of guilty, no contest, nolo contendere or otherwise been convicted of a criminal controlled substance violation, you must obtain a waiver before granting them access to your controlled substances. If their conviction was a misdemeanor, you must obtain a waiver only from our bureau. If their conviction was a felony, you must obtain a waiver from both our bureau and the Drug Enforcement Administration. MoMed

1999 HMO Income

Health Maintenance Organizations Licensed & Active in Missouri in 1999	Total Premium Rated Revenue	MO %	Net Income (Loss)
Alliance for Community Health	$22,203,832	100%	$572,737
Children's Mercy Hospital d/b/a Family Health Partners, Inc.	$51,946,457	93%	($132,144)
CIGNA Healthcare of Ohio d/b/a CIGNA Healthcare of KS/MO	$95,337,420	13%	($8,631,575)
CIGNA Healthcare of St. Louis, Inc.	$12,586,436	80%	$644,024
Community Health Plan	$49,907,850	97%	($33,031)
Coventry Health Care of Kansas, Inc.	$159,147,634	27%	$3,981,607
Cox-Freeman Healthplans, Inc.	$29,023,280	100%	($2,395,350)
Exclusive Healthcare, Inc.	$144,321,008	2%	$420,212
FirstGuard Health Plan, Inc.	$39,083,439	97%	$1,635,571
Good Health HMO d/b/a/ Blue Care, Inc.	$113,128,909	65%	($1,759,772)
Group Health Plan, Inc.	$498,433,225	68%	($22,846,300)
Health Partners of the Midwest	$164,519,749	94%	($14,535,626)
Healthcare USA of Missouri, LLC.	$127,599,176	100%	$6,887,943
HealthLink HMO, Inc.**	$45,752,291	95%	$6,697,365
Healthnet, Inc.	$180,716,576	67%	($9,748,504)
HMO Missouri, Inc. d/b/a BlueChoice	$210,852,096	100%	$2,230,868
Humana Health Plan, Inc.	$1,779,529,197	4%	($16,959,647)
Humana Kansas City, Inc.	$189,572,712	95%	21,701,088
Kaiser Foundation Health Plan of Kansas City, Inc.	$116,348,678	63%	$3,371,552
Mercy Health Plan of Missouri, Inc. d/b/a Premier Health Plans	$222,890,711	92%	($13,255,535)
Missouri Advantage, LLC.	$17,347,108	100%	($1,270,619)
Missouri Care	$21,802,766	100%	($2,482,085)
Prudential Health Care Plan, Inc.	$3,763,019,972	3%	($301,420,916)
Total HealthCare*	$22,494,182	85%	$1,753,656
TriSource HealthCare Inc. d/b/a/ Blue Advantage	$117,337,555	74%	($1,369,553)
United Healthcare of the Midwest, Inc.	$1,064,356,231	90%	$15,026,010
US Healthcare, Inc. d/b/a Aetna US Healthcare, Inc.	$12,310,644	51%	($1,520,940)
All HMOs Listed Above	**$9,271,569,134**	**33%**	**($333,438,964)**
◆ HMOs with Mo% of Business > 60%	**$3,317,903,259**	**85.1%**	**($9,307,705)**

Percent Missouri Business is based on premium earned information from the 1999 Annual Statement Premiums, Enrollment and Utilization Table for Missouri.

*Data on Total HealthCare was unavailable because of its integration into the Blue Cross/Blue Shield of Kansas City corporate structure.

**Includes revenues of $35,016,090 related to the provision of services to HMO enrolles but excluded from the 1999 Annual Financial Statement.

Foundation Health Plan, Prudential Health Care Plan, and Aetna US Healthcare.

1999 HMO Profitability

Health Maintenance Organizations Licensed & Active in Missouri in 1999	1999 MO Loss Ratio	%Change in (1998-99)	1999 Plan Wide Medical Loss Ratio	% Change in (1998-99)
Alliance for Community Health	88.0%	-1.4%	85.0%	-7.6%
Children's Mercy Hospital d/b/a Family Health Partners, Inc.	91.8%	1.2%	89.9%	-0.1%
CIGNA Healthcare of Ohio d/b/a CIGNA Healthcare of KS/MO	59.8%	-39.8%	100.7%	7.5%
CIGNA Healthcare of St. Louis, Inc.	71.6%	3.4%	91.4%	11.3%
Community Health Plan	83.1%	-18.4%	83.7%	-18.2%
Coventry Health Care of Kansas, Inc.	84.6%	-2.5%	84.6%	-1.4%
Cox-Freeman Healthplans, Inc.	90.4%	25.7%	91.4%	6.3%
Exclusive Healthcare, Inc.	96.8%	-29.7%	92.1%	-11.7%
FirstGuard Health Plan, Inc.	81.3%	6.8%	82.4%	8.1%
Good Health HMO d/b/a/ Blue Care, Inc.	89.5%	0.6%	89.6%	5.0%
Group Health Plan, Inc.	87.8%	2.1%	93.4%	1.4%
Health Partners of the Midwest	92.9%	15.5%	92.6%	10.5%
Healthcare USA of Missouri, LLC.	82.2%	-2.3%	84.0%	-2.5%
HealthLink HMO, Inc.	87.7%	4.5%	88.4%	-0.6%
Healthnet, Inc.	87.7%	0.6%	88.7%	5.4%
HMO Missouri, Inc. d/b/a BlueChoice	86.8%	-13.5%	86.8%	-9.5%
Humana Health Plan, Inc.	87.4%	-0.3%	87.9%	0.0%
Humana Kansas City, Inc.	80.9%	-10.4%	79.1%	-7.7%
Kaiser Foundation Health Plan of Kansas City, Inc.	94.1%	-1.2%	90.3%	-0.7%
Mercy Health Plan of Missouri, Inc. d/b/a Premier Health Plans	91.9%	-9.6%	94.1%	3.6%
Missouri Advantage, LLC.	108.1%	-1.1%	90.1%	2.5%
Missouri Care	97.8%	398.7%	97.8%	-10.2%
Prudential Health Care Plan, Inc.	83.7%	-3.2%	93.4%	3.9%
Total HealthCare	64.1%	-0.0%	72.5%	0.0%
TriSource HealthCare Inc. d/b/a/ Blue Advantage	121.0%	-7.8%	91.6%	-2.6%
United Healthcare of the Midwest, Inc.	82.5%	-3.4%	84.1%	-1.1%
US Healthcare, Inc. d/b/a Aetna US Healthcare, Inc.	112.6%	18.2%	101.6%	6.9%
All HMOs Listed Above	**86.8%**	**-3.8%**	**90.2%**	**1.0%**
◆ HMOs with Mo% of Business > 60%	**87.0%**	**-95.8%**	**87.7%**	**-95.1%**

*Data on Total HealthCare was unavailable because of its integration into the Blue Cross/Blue Shield of Kansas City corporate structure.
◆ Excludes CIGNA Healthcare of Ohio, Coventry Health Care of Kansas, Exclusive Healthcare, Humana Health Plan, Kaiser Foundation Health Plan, Prudential Health Care

New Fees for Accredited Organizations

Benita Stennis, Director of Scientific Affairs

As of January 2001, the Missouri State Medical Association (MSMA) will begin charging new fees for initial accreditation, reaccreditation, and joint sponsorships. Additionally, the MSMA will also charge each accredited sponsor an annual maintenance fee. Currently, the MSMA charges each sponsor $350 for initial accreditation and each subsequent reaccreditation. The current fee schedule has remained the same for over a decade.

The fees are being increased in an effort to cover the costs of the CME program and to ensure the program remains self-sufficient. The fees will be used to cover the costs of MSMA staff and Commission members attending national CME seminars, surveyor travel expenses, the development and distribution of CME publications, and MSMA's national recognition fees. The MSMA's new fee schedule mirrors the fee schedule of other recognized state medical societies with comparable numbers of sponsors.

All MSMA accredited sponsors will receive an invoice in December for the 2001 annual maintenance fee. Sponsors are required to submit the maintenance fee by January 31, 2001. **MoMed**

Type of Accreditation	Current	New Fees As of January 2001
Initial Accreditation	$350	$1000
*Annual Maintenance	$0	$500
*Reaccreditation	$350	$500
Joint Sponsorships	$150	$1000

*NOTE: The year a sponsor is reaccredited they will pay $1,000 ($500 annual maintenance fee and $500 reaccreditation fee).

MSMA Receives Four-Year Full Recognition

The Accreditation Council for Continuing Medical Education's (ACCME) survey team met with MSMA's Director of Scientific Affairs, Benita Stennis, Chair of the Commission on Continuing Education, David S. Martin, MD, and Commission member, Richard Heimberger, MD on September 11, 2000 at the MSMA office in Jefferson City.

During the visit the survey team reviewed MSMA's re-recognition application, sponsor files, and policies and procedures related to the CME program.

The ACCME's Committee for Review and Recognition met in October and granted MSMA full recognition as an accreditor of intrastate providers of CME for four years.

MSMA Accredited Organizations

MSMA serves as the accrediting body for 55 organizations and hospitals in the state to offer CME to its members. Listed below are the MSMA accredited organizations and their length of accreditation.

Audrain Medical Center, *Mexico* - 3 yrs.
Baptist Hospital, *Kansas City* - 3 yrs.
Barnes-Jewish St. Peters Hospital, *St. Peters* - 3 yrs.
Boone Hospital Center, *Columbia* - 4 yrs.
Bothwell Regional Health Center, *Sedalia* - 3 yrs.
Buchanan County MedicalSociety, *St. Joseph* - 3 yrs.
Cape Girardeau County Medical Society, *Cape Girardeau* - 3 yrs.
Capital Region Medical Center, *Jefferson City* - 3 year
Children's Mercy Hospital, *Kansas City* - 4 yrs.
Christian Hospital NE/NW, *St. Louis* - 3 yrs.
Community Hospital Association, Inc., *Fairfax* - 2 yrs.
Compton Heights Hospital, *St. Louis* - 4 yrs.
Cox Health Systems, *Springfield* - 3 yrs.
DePaul Health Center, *Bridgeton* - 4 yrs.
Esse Health, *St. Louis* - 2 yrs.
Forest Park Hospital, *St. Louis* - 4 yrs.
Freeman Health System, *Joplin* - 4 yrs.
Fulton State Hospital, *Fulton* - 2 yrs.
Golden Valley Memorial Hospital, *Clinton* - 3 yrs.
Greene County Medical Society, *Springfield* - 3 yrs.
Hannibal Regional Hospital, *Hannibal* - 3 yrs.
Heart of America Diabetes Research Fdn., *N. Kansas City* - 3 yrs.
Independence Regional Health Center, *Independence* - 3 yrs.
John Fitzgibbon Memorial Hospital, *Fayette* - 3 yrs.
K.C. AIDS Research Consortium, *Kansas City* - 3 yrs.
K.C. Ophthalmology & Otolaryngology Soc. , *Kansas City* - 3 yrs.
KC Southwest Clinical Society, *Kansas City* - 4 yrs.
Kneibert Clinic, *Poplar Bluff* - 3 yrs.
Lee's Summit Hospital, *Lee's Summit* - 3 yrs.
Liberty Hospital, *Liberty* - 3 yrs.
Medical Center of Independence, *Independence* - 2 yrs.
Medicus, *Kansas City* - 2 yrs.
MedSourceOne, *Joplin* - 2 yrs.
Missouri Baptist Medical Center, *St. Louis* - 4 yrs.
North Kansas City Hospital, *North Kansas City* - 4 yrs.
Ozarks Medical Center, *West Plains* - 3 yrs.
Parkland Health Center, *Farmington* - 3 yrs.
Phelps County Regional Medical Center, *Rolla* - 3 yrs.
SouthPointe Hospital, *St. Louis* - 3 yrs.
St. Alexius Hospital, *St. Louis* - 3 yrs.
St. Anthony's Medical Center, *St. Louis* - 3 yrs.
St. John's Health System, *Springfield* - 3 yrs.
St. John's Mercy Hospital, *Washington* - 3 yrs.
St. John's Regional Medical Center, *Joplin* - 3 yrs.
St. John's Mercy Medical Center, *St. Louis* - 4 yrs.
St. Joseph Health Center, *St. Charles* - 3 yrs.
St. Joseph Hospital, *Kansas City* - 3 yrs.
St. Joseph-Kirkwood, *Kirkwood* - 2 yrs.
St. Louis Soc. for Medical & Scientific Research, *St. Louis* - 4 yrs.
St. Louis STD/HIV Prevention Training Center, *St. Louis* - 3 yrs.
St. Mary's Health Center, *St. Louis* - 4 yrs.
St. Mary's Health Center, *Jefferson City* - 3 yrs.
Trinity Lutheran Hospital, *Kansas City* - 3 yrs.
VA Medical Center, *Kansas City* - 2 yrs.
Western Mo. Mental Health Center, *Kansas City* - 3 yrs.

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The Missouri Physicians Health Program, sponsored by the Missouri State Medical Association, is available to help physicians who have life problems, including substance abuse, mental health stress, and other issues which prevent them from functioning at their best.

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Missouri Physicians Health Program

(As of 12/01/00)

The Missouri State Medical Association and the Missouri Physicians Health Program (MPHP) would like to thank the following for their generous support of the MPHP. It is because of these gifts that the MPHP can continue to assist physicians who are having life problems that prevent them from functioning at their best. Is your hospital helping?

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Southpointe Hospital
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St. Anthony Medical Center
Administration and Medical Staff, *St. Louis*
St. Francis Hospital
Administration, *Maryville*
St. John's Health Systems
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St. John's Medical Center
Administration and Medical Staff, *Joplin*
St. John's Mercy Medical Center
Medical Staff, *St. Louis*
St. Joseph Health Center of Carondelet Health
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Administration, *Kansas City*
Unified TMC
Medical Staff, *Kansas City*
Unity Health St. John's Mercy Medical Center
Administration, *Town & Country*
Western Missouri Medical Center
Medical Staff, *Warrensburg*

The **West Central Medical Society** packed the Country Club in Nevada with members and friends on October 10. Six candidates from the political arena were given a chance to introduce themselves to the audience and answer questions. This successful annual program has proven very popular with physicians of West Central, reported William A. Turner, MD, president and master of ceremonies. The animated discussion that followed gave the candidates a picture of what problems the medical communities face in a rural environment. Difficulties recruiting physicians to rural designated areas was discussed. Johanna Echols attended the meeting on behalf of MSMA.

◆ ◆ ◆

MSMA sponsored two Career and Residencies luncheons at the **University of Missouri - Kansas City School of Medicine** on October 12. During the first luncheon, alumni of the School of Medicine practicing in the field of emergency medicine and psychiatry in the Kansas City area gave the students insight of what to expect if that specialty were chosen. During the second luncheon, students had a chance to hear from Dr. Frederick DeFeo. He spoke to the students on the positive impact organized medicine has on physicians in Missouri. The presence of MSMA makes a lasting valuable impression on the students and exposes them to a state medical organization for the first time.

◆ ◆ ◆

Physicians from foreign medical universities may choose to belong to the **IMG Section** of MSMA. No extra membership dues are necessary. A recent survey sent to more than 2,200 physicians revealed important issues they would like to see addressed. Plans are to offer some of these topics at future regional seminars. Those physicians responding had a chance to win a prize. First prize went to Dr. Alejandro Mendez-Castillo from Columbia, $75, second prize was won by Dr. Yuli Ma Soeter, Poplar Bluff, who received $50.

Results of the survey will be published in *Missouri Medicine*. Those wishing to communicate with Johanna Echols, liaison for IMG, can contact her at MSMA. Dr. Arteso Raborar from Springfield is the chair for IMG.

◆ ◆ ◆

The **Cole County Medical Society** met October 16 at Alexandro's Restaurant in Jefferson City. Dr. Michael Severance, an urologist from Jefferson City and currently president of the society presented a lecture on "Overactive Bladder." Johanna Echols attended the meeting.

◆ ◆ ◆

The **Northeast Medical Society** held its monthly meeting at TG's, Supper Club in Hannibal, October 17. Bryon Goeckner, Pharm.D., presented a program on "Intensive Glycemic Management in Type 2 Diabetes." Dr. Jeffry T. Evans, president of the society, welcomed members and guests. Dr. Gordon Goldman, President of MSMA, his wife Roberta, and Johanna Echols, MSMA, attended the meeting. Dr. Goldman gave a brief up-date on MSMA activities. Northeast Missouri is a society whose members attend monthly meetings regularly. They enjoy excellent participation and provide valuable input for programs.

◆ ◆ ◆

The **Greater Kansas City Medical Manager's Association** held its monthly luncheon October 18 at Adam's Mark Hotel in Kansas City. Dave Thompson and Kathy McNamara, consultants for Century Business Services, presented a program on "Benchmarking the Basics." The program drew a record attendance of 170 people. Johanna Echols attended the meeting on behalf of MSMA.

◆ ◆ ◆

The **Mineral Area Medical Society** sponsored a meeting with the candidates for state Representative from District 106 on October 24. Dr. David Auner, secretary for the society, introduced Democrat Linda Cruse and Republican Tom Burcham. Twenty-four participated in a very informative and lively discussion with the candidates covering many topics of concern facing Missouri physicians. Both candidates were very appreciative of the insight they gained with the informative participation by the audience. Fred Brown, Director of Field Services for the MSMA, moderated the one-hour question and answer session.

◆ ◆ ◆

The Annual Business Meeting of the **Metropolitan Society of Greater Kansas City** was held the evening of October 26 at the Carriage Club in Kansas City. After a social hour and dinner, the society honored Dr. William H. McEachen with the Merit Award. Commissioner of the Kansas Department of Insurance Kathleen Sebelius, who led the effort to enact a prompt pay law in the state, received the society's Lay Honor Award.

In the short business meeting that followed, it was voted to incorporate the Clay-Platte Medical Society into the Metropolitan Society of Greater Kansas City. An increase in dues was also approved. Johanna Echols attended the meeting on behalf of MSMA.

◆ ◆ ◆

The **Buchanan County Medical Society** met at the historic Benton Club for the monthly meeting on November 1. Members of the society were treated to a Thanksgiving turkey dinner with all the trimmings. Professor Eugene Bozymski presented a program on "Innovations in the Management of Inflammatory Bowel Disease." Dr. John Corzine led the meeting on behalf of Dr. Immanuel Uketui. He expressed his appreciation to MSMA for listing Buchanan County Medical Society on the web site. Elections of new officers for 2001 were held. Those elected will be installed at the annual Christmas party held in conjunction with the Alliance December 2.

◆ ◆ ◆

The **Cape Girardeau County Area Medical Society** held its membership meeting at the Royal N'Orleans restaurant on November 6. Fifty members and 7 guests welcomed special guests MSMA President Gordon Goldman, MD, and his wife Roberta, Dr. John Mackel, Vice President of Medical Affairs at St. Francis Medical Center and Fred Brown, MSMA's Director of Field Services. David Anderson, MD, Cape Girardeau's President, introduced Dr. Gene Fioretti who presented a CME program on "New Developments in the Treatment of Hyperlipidemia." Dr. Goldman was then introduced and gave a presentation on the value of the MSMA and organized medicine. Dr. Goldman also emphasized the importance of becoming involved with the MSMA. The meeting was adjourned after a question and answer session. MoMed

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This two-time award winning public information brochure outlines patient rights under Missouri law. The brochures are FREE to MSMA members.

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This award-winning attractive booklet describes in plain language treatment alternatives, advantages and disadvantages. It is made available free to patients from physicians. The brochure is 20¢ per copy for members and 25¢ per copy for nonmembers. The booklet comes in bundles of 100.

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This question and answer brochure and consent form is for patients and physicians to use in addition to HIV counseling. The brochure and consent form are available in bundles of 100 at a cost of 15¢ per set for MSMA members and 20¢ per set for nonmembers.

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In the News

Robert Carolla, MD, and **Bernard Griesemer, MD,** both of *Springfield*, were recognized during the recent Salute to Health Care Awards dinner. They were chosen for their demonstrated leadership, longevity or pioneering in a health care field or for bringing about significant change.

Dennis Choi, MD, Ph.D., *St. Louis*, the Andrew B. and Gretchen P. Jones Professor and head of neurology at Washington University School of Medicine has been elected to the Institute of Medicine. This is one of the highest honors bestowed on American medical scientists. Dr. Choi was selected in recognition of his professional achievements and leadership in neuroscience.

In Memoriam

George Ahlering, MD, 79, *Creve Coeur*, died October 27. Before retirement, he practiced OBG.
Arnold Block, MD, 86, *St. Louis*, died October 25. He practiced psychiatry prior to retirement.
Jack Gunn, MD, 77, *Versailles*, died September 1. Prior to retirement, he was a general practitioner.
Vernon Jackson, MD, 75, *Fulton*, died September 22. He practiced ophthalmology.
John Logue, MD, 76, *Columbia*, died July 5. He practiced internal medicine.
John Roth, MD, 82, *St. Louis*, died October 11. Prior to retirement, he practiced internal medicine.

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The following physicians have completed 150 hours of continuing medical education within a three-year period. Sixty of the credit hours are earned in Category 1 programs.

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Randall Dudik, *Rolla*
Helen Gelhot, *St. Louis*
John Holds, *St. Louis*
James Jenkins, *St. Louis*
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Susan Meidl, *New London*
John Munro, *Kansas City*
Laghaieh Rezvani, *Sikeston*
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All MSMA accredited organizations are invited to submit their upcoming CME offerings to *Missouri Medicine.*

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Each issue contains a "CME Listing" giving physicians an up-to-date list of CME offerings available.

Submit
the date, location, program title, number of credit hours offered, contact person and telephone number of each offering.

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6x	$350	$300	$250	$200	$175	$150
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To take advantage of either the free CME Listing or to purchase a display ad, please contact:
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113 Madison St., PO Box 1028, Jefferson City, MO 65102
Tele: 573-636-5151, Fax: 573-636-8552
Email: bjungermann@msma.org

CME Listing

December

15 - ***Kansas City:*** **Evaluation of Disabilities.** 6 credit hours. Call Lela Hall 816-276-4306 or 800-892-5771 x 4306.

January

18 thru 20 - ***St. Louis:*** **Microvascular Anastomosis.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

22 thru 26 - ***St. Louis:*** **Medicolegal Death Investigator Course.** Call St. Louis University School of Medicine 314-268-5970.

27 - ***St. Louis:*** **Human Gross Anatomy.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

February

8 thru 11 - ***St. Louis:*** **Comprehensive Spine - A Hands-on Review.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

9 thru 11 - ***St. Louis:*** **Microsurgical & Endoscopic Approaches to the Degenerative Spine.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

18 - ***St. Louis:*** **Human Gross Anatomy.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

March

3 & 4 - ***St. Louis:*** **Temporal Bone Surgical Dissection.** 13.5 credit hours. Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

11 - ***St. Louis:*** **Human Gross Anatomy.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

16 & 17 - ***St. Louis:*** **16th Annual Coagulation Consultants Symposium.** Call St. Louis University CME office 314-577-8167 or 800-553-2712.

April

5 thru 8 - ***St. Louis:*** **Missouri State Medical Association's Annual Convention.** Call Benita Stennis 573-636-5151.

7 - ***St. Louis:*** **Human Gross Anatomy.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

May

5 & 6 - ***St. Louis:*** **Brain Mapping.** Call Sandy Turck, Practical Anatomy Workshop 314-535-4000.

HealthStream and MSMA Partner to Provide Access to Online CME

The Missouri State Medical Association has become the latest state medical association to partner with HealthStream. Through this partnership, MSMA will provide an online educational center for its members. MSMA members will receive a 5% discount off all online courses through the *www.msma.org* site. HealthStream delivers courseware from leading content providers like The Cleveland Clinic, Duke University Medical Center, and Vanderbilt University School of Medicine.

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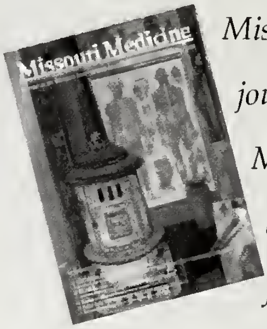

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send an email to bjungermann@msma.org

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For information about submitting an article, see page 565.

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If you or a colleague have recently been recognized, send a short paragraph to *Missouri Medicine*. Please indicate who, what, when and where with a brief description of the recognition.

Information for Contributors

Articles are accepted for publication on the condition they are contributed solely to this journal. Material appearing in *MISSOURI MEDICINE*, is protected by copyright.

Manuscripts should be submitted to the editor, **John C. Hagan, MD,** P.O. Box 1028, 113 Madison, Jefferson City, MO 65102. The transmittal letter should designate one author as correspondent and include his or her address and telephone number.

In addition, in view of The Copyright Revision Act of 1976, effective Jan. 1, 1978, transmittal letters to the editor should contain the following language:

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We regret that transmittal letters not containing the foregoing language signed by all authors of the submission will necessitate delay in review of the manuscript. Please include the title of the article in the transmittal letter.

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Manuscripts should be typewritten and double-spaced. A synopsis-abstract of no more than 75 words should accompany the manuscript. The manuscript should not exceed 3,000 words.

Please include the original and two copies for review. Retain another copy for proofreading. Please number the pages of your manuscript. Manuscripts are not returned. Hospital and University appointments of the authors should accompany the manuscript. Please submit manuscripts on a 3½ diskette labelled with the version of wordprocessing used or via e-mail to bjungermann@msma.org.

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References should be cited in numerical order in the text and arranged at the end of the article in the same order in which they are cited. The reference should give name of author, title of article, name of periodical, year, volume number, and page numbers.

Example:

1. Galata JF, Blue JM, Gaines RW. Osteochondroma of the scapula. *Missouri Medicine* 1995;92:95-97.

Authors are responsible for the accuracy of the reference. Refer to the *American Medical Association Manual of Style*, 9th Ed., AMA, Chicago, IL, 1998, to answer any questions regarding style.

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Illustrations should be glossy prints or drawings in India ink on white paper. They should not be mounted and name of author and figure number should be penciled lightly in one color (black is standard). Color may be requested with additional cost being the responsibility of the author.

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The ordering of reprints is handled directly between the author and the press. Order blanks will be sent to authors prior to publication.

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Editorials should be written in clear, concise language. The length of an editorial should be limited to two or three pages typed double-spaced.

The opinions expressed by the authors are not necessarily those of the Missouri State Medical Association nor should publication be considered an endorsement by the MSMA.

Letters will be published at the discretion of the editor, managing editor, and editorial board.

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Season's Greetings

May family and friends
share the joys of this wonderous
Holiday Season.

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